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FUNCTIONAL INDEPENDENCE AND ACTIVE LIVING:

AN ACTION RESEARCH STUDY
WITH
FIRST NATIONS ELDERS

By

Mary Joan McLintock ©

A thesis
submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of
Master of Arts

Department of Physical Education & Recreation

Edmonton, Alberta

Spring, 1999

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Dec. 9, 1998

DEDICATION

To all my teachers

Abstract

The health of Canada's First Nations people is ranked among the lowest in the country. And while a great deal of attention has been given to the means of improving the health of the younger members of this cultural group, almost nothing is either known about, or has been done for, its elderly members.

With funding provided through Health Canada, New Horizons/Partners in Aging, the elders and Health Centre staff of six rural First Nations communities in Alberta were introduced to the concept of Active Living. An Action Research methodology was used to assist each community to develop and implement a physical activity program for volunteer participants over the age of 50. The aim of these programs was to improve the functional independence of the seniors allowing them to live more independently, be more fully involved in the activities of their communities, and to rebuild the traditional role of elders.

Within the three-month time limit of this study, the Health Centre staff of the participating First Nations communities demonstrated that they were willing and able to take the necessary steps to get their elderly members more physically active. Initiatives were culturally appropriate and designed and delivered in the spirit of promoting community responsibility, autonomy, local control, and the rebuilding of the traditional role of elders in Aboriginal communities. Although more pressing health issues were identified as the primary obstacles to a more physically active lifestyle, there is unanimous agreement that the best solution to the sedentary lifestyle of Aboriginal elders lies in the restoration of traditional values and practices. Physical activity is acknowledged as having an important part to play in the healing and control of many of the health problems of Aboriginal elders.

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CHAPTER 1

> *Notwithstanding that medical services are now delivered to Aboriginal people even in the remotest parts of the country and that some causes of morbidity and mortality have been brought under control, the gap in health and well-being between Aboriginal and non-Aboriginal people remains. It extends from physical ill health to social, emotional and community ill health (Royal Commission Report on Aboriginal Peoples, 1996, Vol. 3, p. 201).*

Introduction

There is strong and enduring evidence indicating that physical inactivity is a health issue for all Canadians (Haskel, 1994; McPherson, 1994; O'Brien Cousins, 1998; O'Brien Cousins & Chogahara, 1996; Pate et al., 1995; Stephens & Craig, 1990). It has also been established that sedentary older adults will suffer declining health, loss of functional capacity, dependence, and reduced quality of life (Noble Walker, 1989; O'Brien Cousins, 1998; Segebartt et al., 1988; Sharratt & Sharratt, 1994; Sidney & Shephard, 1976; Statistics Canada, 1990; Stewart et al., 1993; Wagorn et al., 1991). Recent research has shown that physical *inactivity* is of equal risk to our health as smoking and obesity and is associated with deaths resulting from chronic diseases such as heart disease and hypertension (Canadian Fitness and Lifestyle Research Institute, 1995; McGinnis, 1992; Wister, 1996).

On the other hand, physical activity is known to protect against heart disease, some forms of cancer, respiratory conditions, and to offer some degree of control over numerous chronic health problems such as arthritis, diabetes, and osteoporosis (Blair et al., 1989; Bouchard et al., 1990 and 1994; Hills, 1993; Martin & Dubbert, 1985; McCarter, 1996; Pate et al., 1995). A more active lifestyle has also been proven to enhance quality of life (Canadian Public Health Association, 1996; Health and Welfare Canada, 1989-90; O'Brien Cousins, 1998; O'Brien & Vertinsky, 1991; US Department of Health, 1996). Older adults who are physically active report better sleeping patterns, feelings of more energy, improved appetite, and a reduction in aches and pains (DeVries, 1975; O'Brien Cousins, 1998; O'Brien Cousins & Burgess, 1992). Other studies have proven that there is also an improvement in mental function when seniors are more active (Bonner & O'Brien Cousins, 1996; Dustman, Emmerson & Shearer, 1994; Health & Welfare Canada, 1989; O'Connor, Aenchbacher & Dishman, 1993). Moderate and regular physical activity may well be considered the "best medicine" for enhancing both quality and quantity of life (O'Brien Cousins, 1998; O'Brien Cousins & Burgess, 1992). These are all strong arguments in support of the elderly leading a more active lifestyle.

Shephard's (1997) research indicates that voluntary activity is most prevalent among the young, the better-educated, and the more affluent members of society. The Frisby et al. (1997) study of physical activity levels among low-income women also indicates that although women, no matter what their economic background, valued and desired the benefits of participation in a physical activity program. "Low income women experienced a number of social, financial, health, and personal problems that mitigated against their involvement" (p. 18). The Government of Canada also acknowledges that despite superior health services, people's health and their inclination to be physically active remains directly related to their economic status, level of income, and degree of disability. Government health officials openly acknowledge that certain groups within the Canadian population have a higher probability of poor health than others. These high-risk groups include the elderly, the unemployed, those on welfare, single mothers, and minority groups such as natives and immigrants (Health and Welfare Canada, 1986). Wister (1996) agrees, "In the majority of research findings, lower socioeconomic groups display poorer health characteristics" (p. 467). Although these low income groups represent the most vulnerable members of society, they are also the people who stand to gain significant health benefits from a more physically active lifestyle. What then of Canada's First Nations people[1]?

The evidence related to Canada's First Nations people on all these issues and their physical activity patterns is notably scant, and what does exist relative to their health in general is distressing. The Royal Commission Report on Aboriginal Peoples (1996) cites some alarming facts:

> Life expectancy at birth is about seven to eight years less for registered Indians[2] than for Canadians generally.... Mortality in all age groups is higher for registered Indians than for Canadians generally.... The incidence of life-threatening degenerative conditions such as cancer, heart, liver and lung disease--previously uncommon in the Aboriginal[3] population--is rising (Vol. 3, p. 108).

It is well known that our First Nations people suffer from extreme inadequacies in housing, sanitation, education, employment, and nutrition and that poverty is the norm (Alberta Health, 1995; Armstrong-Esther, 1994; Bienvenue & Havens, 1986; Frieders, 1994; Health Canada, 1997; Hohn, 1986; National Forum on Health, 1997; Norris, 1994; Royal Commission on Aboriginal Peoples, 1996; Standing Committee on Health, 1995). The rates of physical, social, and emotional illness are higher than for any other group within Canada and so is the rate of diabetes. (Health Canada, 1997; Ontario Advisory Council of Senior Citizens, 1993; Royal Commission on Aboriginal Peoples, 1996). All this is compounded by the stress of their political reality in which they are fighting for economic, cultural, and spiritual sovereignty.

We know from our history books (Bercuson, 1980; Kidd, 1970; Morton, 1944; VanKirk, 1980; Wilson, 1980) that the ancestors of today's First Nations people led a very physical and active life. Archaeological accounts show that they were skilled hunters of buffalo and other large game. Hudson's Bay records tell of their ability as trappers, guides, navigators, and warriors. They led a hard life and they had to be fit to survive. More recent accounts of modern day elders[4] tell of an equally hard, physically demanding lifestyle (Cruikshank, 1990; Meili, 1991).

Since the end of World War II, health promotion programs and initiatives have been introduced into First Nations communities with routine frequency, although the introduction of physical activity programs has never been considered. These government-funded health initiatives have been largely directed toward the most glaring health issues such as infant mortality; nutritional issues for the community as a whole, with an emphasis on children and young mothers; alcohol and drug abuse problems; and the rising incidence of diabetes. Health promotion programs specifically for the Native elderly have been sadly neglected. Why? One would expect that if all other segments of this population group were suffering from such poor health, exacerbated by sedentary living, that the elderly would not be immune. Have the elders just been forgotten?

It is true, First Nations people in Canada do not live at the same standards as the rest of the Canadian population in education, housing, or personal income (Alberta Health, 1995; Keating, 1991; National Forum on Health, 1997; Norris, 1994; Standing Committee on Health, 1995). This is significant given that these are also some of the key factors that determine overall health. For the most part, the risks of inadequate income, dependency on welfare, substandard living conditions, stresses on mental health and well-being, physical violence, sexual abuse, and substance abuse are what the literature points to as the biggest threats to the health of Aboriginal peoples, including seniors (National Health Forum, 1997; Royal Commission on Aboriginal Peoples, 1996).

Although these are the health challenges of today's First Nations peoples, old and young, most First Nations elders have lived through these challenges and are still struggling to overcome the long-term effects. And still, physical activity, which has been proven to have positive health effects at all ages among the white Euro-Canadian population, has never been raised as an issue or a solution for this segment of the population.

Data that is available on this population relevant to individual mortality, morbidity, socio-economic, and psychosocial indicators of health support what is known about the health of First Nations people. (Alberta Health, 1995; Armstrong-Esther, 1994; Bienvenue & Havens, 1986; Hohn, 1986; Royal Commission on Aboriginal Peoples, 1996). Most of these seniors, besides having to face the challenges brought on by poverty and poor education, have also experienced unhealthy living conditions throughout their lives: poor diet, inadequate housing, alcohol and/or tobacco abuse, family instability, unemployment, stigmatized minority status, lack of awareness of, and access to, health services that, even when they are available, focus exclusively on diagnosis and treatment of disease. O'Neil (1993), in his discussion of the future of Aboriginal health in Canada, believes that the poor health in First Nations communities is a symptom of a much larger ill. "So what is the illness?" he asks. "Loss, multiple losses - multigenerational trauma and grief, loss of ways of life, loss of language, loss of ceremonies and traditions, loss of a land base, loss of meaningful control over day-to-day life" (p. 12). Within this litany of loss is also the loss of a strong, confident identity. The need is real, and it is serious. The causes of ill health among First Nations peoples must be addressed and effective solutions must be developed.

What proportion of their problems can be attributed to sedentary living? Is there a potential role that a more physically active lifestyle can play in helping to restore health, identity, and a sense of control? Is the introduction of an active living[5] lifestyle a helpful strategy given the current circumstances? It is noteworthy that, for this segment of the population, these factors have not been addressed by the research. A study by Winther (1995) provides some of the only insights into the physical activity, recreation, and sports issues relevant to the Aboriginal people of Canada. Although this report does not address seniors' activities specifically, it does provide insights into the activity patterns and levels for Aboriginal youngsters and suggests that elders are a source of much needed support. Its unique perspective has as its primary focus--the "everyday lived experience" of Aboriginal youth. Still, the above questions related to the role of physical activity and the health of First Nations seniors goes unaddressed. Yet from the research conducted on other populations, we know that physical activity has the potential to offer many significant health benefits. What obstacles are getting in the way of a more active lifestyle among Aboriginal elders? What motivational factors could be called into play to help them make the shift to more physical activity? In a survey of First Nations communities in Ontario conducted by the Ontario advisory Council on Senior Citizens (1993) it was reported that, of the communities polled, the majority believed:

> Their seniors would benefit from more recreational and social activities. Almost 50 per cent of northern First Nations and 65 per cent of southern communities

> identified the shortage or complete lack of seniors' activities as a problem contributing to a sense of isolation and loneliness...Fewer than 50 northern and southern respondents described their seniors as active (p.81).

These communities believed that more social recreational facilities and services, along with improved transportation, were the solutions.

What is the best way to help these people? Is there a direction that research could go that would help to alleviate these health issues? What role can physical activity play? Is there anything that non-Aboriginal professionals can do? Or must First Nations people be left to find their own way through this health quagmire? Sarsfield (1988) claims that in research, as in so many other aspects of First Nations health care, that to realize a maximum benefit, First Nations communities must be allowed to have control of the structure and function of the research and services aimed at helping them. However, the control that First Nations people need and want will be of a degree and in a manner unfamiliar to the Canadian research establishment. He suggests that if the research is to produce useful results for First Nations communities then it must first be within their control. First Nations people themselves have recognized and acknowledged the importance of their own involvement in solving their own health problems (Alberta Health, 1995; Norris, 1994; Royal Commission on Aboriginal Peoples, 1996).

First Nations people are capable of solving their own problems and more. Hudson (1980) points to the ways that the white research community could help.

> If we had to settle for a single most important need at the community level, it would undoubtedly be the engagement of suitable people to be human catalysts to help communities determine present needs and help them to initiate action and carry it to [sic] through to a successful conclusion (p. 26).

Acclaimed environmentalist, David Suzuki and his co-author, Peter Knudtson (1992) believe First Nations people have broader answers that could apply to society at large and that their traditional knowledge and spirituality offer great hope for the resolution of environmental and social problems for the planet. Hoare and his colleagues (1993) suggest that "indigenous knowledge can incorporate experience, spirituality and history without precluding change and adaptation to technology, economics and lifestyle" (p. 48).

As the trend towards an older population among First Nations people grows it is to be anticipated that the importance of their health issues will also grow. The number of elders over the age of 65 in First Nations communities has increased steadily from 2.2 per cent in 1951 to 4.8 per cent by 1981 (Frideres, 1994). For both the general population and First Nations the number of seniors is growing at three times the rate of the overall growth rate (Frideres, 1994). With improvements in health facilities for First Nations people and the reduction in communicable diseases, Frideres (1994) estimates that there will be a steady increase in the number of First Nations elderly over the age of 65 at the rate of 1.4 per cent per year until the year 2001. Such a steady population increase implies an even greater demand for health services by a population that already has a high need for assistance. Frideres (1994) points out that, "While the average Canadian spends 13 years of their life with a disability--and usually at the end of their life, Native people have disability for over twice that period, throughout their life. This fact has remained constant for the past century..." (p. 26). As the population lives longer the number of disabled will continue to grow. The impact on cost to the Canadian public promises to be staggering if the present trend continues. Clearly one of the issues that needs to be addressed is: Why has active living not been utilized as one important approach to improving First Nations health and to bring balance and harmony back to Native communities?

What is the ethical justification for this sustained suffering when prevention is possible, well researched, and affordable? Young (1988) insinuates the irony of it all when he points out that Canadians and their government extol the virtues of "a modern health care system made available to native communities even in the remotest corners of the country and at considerable cost" (p. 4) and yet there seems to be no appreciable improvement in the Native health situation (O'Neil, 1993; Ontario Advisory Council on

Senior Citizens, 1993; Standing Committee on Health, 1995). Young (1988) goes on to ask some good questions: "What is the nature of such a system and how has it evolved over the years? Has the effectiveness, relevance, and acceptability of this system been evaluated, particularly from the Native perspective? Did the introduction of an urban, Euro-Canadian mode of health care achieve its avowed objective of attaining better health for Indians[6]?" (p. 4)

According to The Royal Commission on Aboriginal Peoples (1996) the Euro-Canadian model of health, though it may have its place, is not a panacea. "Forging bonds of community and restoring the capacity of families to care for their members is a work of spiritual healing that can be accomplished only from the inside and with the help of relations who are standing on firm ground and who know the terrain that has to be traversed" (p. 83). The Commission has made numerous recommendations, but governments have tended not to listen. "We recommend that self-directed community healing initiatives be affirmed and supported and that the vestiges of colonial domination and external control that impede community initiative be dismantled immediately" (p. 85). Native Elders[7] say that First Nations healing must be approached as a way of life rather than as segregated services or remedial activities (see Appendix A). The complexity of the issue grows when one acknowledges that each First Nations society is different and hence approaches to their health and healing must differ in order to address unique problems and environments.

The more we learn about the benefits of active living the more the choice of a more active lifestyle looms as a reasonable solution to at least some of the problems. The issue is not a simple one. There are no easy or general solutions. Physical activity offers one possibility for at least a partial solution that is both congruent and compatible with First Nations beliefs and practices.

The life view that First Nations people uphold is complicated, but not obtuse. The First Nations belief is that all elements of life and living are inter-dependent. By extension, this relates to their health in that well-being will flow from balance and harmony among the elements of personal and collective life. The circle is used to represent the inseparability and interconnectedness of the individual, family, community, and world.

When all elements are in harmony and balance then all elements of one's life are in harmony. Throughout life the individual strives for balance and harmony not only within him or herself but also within the physical and social elements of the world of which he or she is a part. Balance and harmony are essential to growth and life both literally and figuratively. Imbalance, no matter what the source, is a threat to life. The age-old conundrum of the chicken and egg adds to the difficulty of finding answers--poor health puts the organism out of balance but loss of balance also leads to poor health. A more physically active lifestyle has the potential of bringing many of the elements of the circle into balance within the individual. Healthy individuals are needed for healthy communities.

Given this "holistic model" approach to life and living, to fully understand the First Nations health reality it is essential to acknowledge the diversity of elements that combine to create their reality. It is imperative to give, at the very least, a glimpse of the whole picture in order to give their health issues their proper contexts. What is the solution for First Nations health?

The National Health Forum (1997) claims that, "It is a widely held view that agendas for Aboriginal research are more often driven by outside interests, not by Aboriginal interests. As a result, initiatives that were supposed to find solutions are inappropriate and many do more harm to communities than good. Aboriginal peoples themselves are often not privy to the results and analysis of the research, robbing communities of the opportunity to learn from, and act on the research" (p. 9).[8] Action Research provides an opportunity to right that injustice. Hudson et al. (1980) feels strongly that people must be able to determine their own priorities, the rate of change that they want, and the improvements they want to move towards. "Innovative, creative, and practical problem-solving which builds on cultural, social, and spiritual values can only come from within the community itself" (p. 25). Castellano (1986) agrees fully, "Ordinary people are capable of generating the knowledge necessary to guide their actions" (p. 50), which is one of the basic foundations of Action Research. It must be the guiding principle as we work with First Nations communities. Native people are ready.

Focus/Research Questions

Four research questions guided this study: What steps are First Nations rural communities able to take in order to get their elderly members more physically active? Who in the community will have the most influence in getting the elderly to be more physically active? What obstacles prevent the elderly in First Nations communities from being more physically active? How can these obstacles be overcome?

Purpose

The purpose of this study was to investigate and initiate a community-based process for improving the physical activity levels of the elderly members of six rural First Nations communities in Alberta and in so doing, take steps towards improving their overall health. Because First Nations seniors are a unique population, the approach to improving their functional independence[9] had to respect this uniqueness. It was important to honour their culture, their values, their language, and their beliefs. With this in mind, this study was conducted in a way that would ensure that the participating First Nations communities had control of the processes as a means of ensuring that the program met their needs. The goal was to facilitate opportunities for older adults to engage, maintain or increase participation in physical activity in order to improve their health, functional independence, and well-being while honouring their value of individual and community balance and harmony.

Study Objectives

There were three main objectives of the study:[10] 1) To develop active living pilot projects for Aboriginal older adults suitable to the needs of each community. 2) To implement activity programs within each community that would lead to an improvement in the strength, flexibility, and mobility of the older adults of that community and thus, ultimately, to a greater functional independence. 3) To conduct pre- and post-study evaluations of a qualitative, self-report nature. Questionnaires (see Appendix C) addressed the effectiveness of the activity program to effect changes in feelings of well-being, vitality, and functional fitness. Further follow-up questionnaires were planned, if the community was willing, that would register changes which may have been slower to occur such as medication use, health care impact, and economic implications.

Theoretical Support

The theoretical basis that underlies this research study is empowerment through social support. A socially supportive approach was chosen because it lends itself to Action Research and to working with disenfranchised populations and also because First Nations people want to be self-determining and have more control over their lives. Social support and empowerment theory supports all these goals while at the same time having a positive effect on health.

Methodological Framework

The mechanism of the Action Research methodology was the framework within which the project was carried out in order to ensure the active involvement of the community. The action research method was initially considered because of its congruity with both the theoretical constructs of empowerment and social support and the First Nation values of non-interference, non-competitiveness, sharing, respect, collective responsibility, and care for all. Communities had control of their own processes and in this way their unique needs were addressed and their unique cultural identities were respected. At the same time the Action Research framework served as a guide in the struggle to keep separate the role of facilitator, researcher, and participant.

Evaluation

Several evaluative instruments designed by Anita Myers at the University of Waterloo (see Appendix C) were available to measure improvements in health and functional fitness, vitality, and well-being as the means of evaluating active living programs. Two of the five instruments had been newly designed to measure psychosocial benefits and using them in this study was part of their validation process. The other three instruments had been previously validated and used very successfully to evaluate quality of life benefits arising from active living programs among white adult populations.

Delimitations

This study was one part of a three-pronged study funded by Health Canada's New Horizons/Partners in Aging program entitled "Physical Inactivity – A Health Determinant For Older Canadians". Three at-risk groups of older adults were targeted: low income seniors, older Aboriginal adults, and senior residents of long-term care facilities. The subjects of this study were older Aboriginal adults.

The advice of five First Nations Elders from across Canada was requested in liaison with Elders Kumik Lodge, Indian and Northern Affairs, Ottawa. A Talking Circle subsequently took place in Winnipeg in early November of 1996. (see Appendix A)

The pilot project that forms the basis of this study was conducted between January and March of 1997 and included six rural First Nations communities within Alberta that were recruited by a Native Elder emissary. Age restrictions for participants were established by each community and tended to be 50 years of age and older. All activity programs for the elders of the participating communities were organized and run by community Health Centre staff.

Partnerships

This study attracted substantial funding from New Horizons/Partners in Aging--Health Canada that was in turn coordinated and administered by ALCCOA (The Active Living Coordinating Centre for Older Adults). This group has since been renamed ALCOA (The Active Living Coalition of Older Adults). ALCCOA is a collaborative national partnership among Canadian organizations with a mutual interest in issues of health and wellness, physical activity, independent-living environments, and functionally fit aging. The project funding committed the process to a community-driven, participatory action study aimed at increasing the physical activity of Aboriginal elders. Such a style of research has many risks, offering little control over the design and timing of the interventions. However, project ownership by the community was considered essential in order for progress in health promotion to be enduring.

CHAPTER TWO

> *...Personal health choices matter, ... we can all make a difference to our future health status by stopping smoking, reducing alcohol intake, eating properly, exercising regularly and so on...Medically trained experts are not the only ones with insights into health and wellness...The final judge of our well-being can only be ourselves. In the Aboriginal view, collective responsibility is also significant...solving health and social problems must become the responsibility of Aboriginal people taking action together, and individual self-care must be matched by community self-care (Royal Commission on Aboriginal Peoples, 1996, Vol. 3, 221-222).*

Review of Literature

Aboriginal Health - A Historical Perspective

Renowned historians (Dickason, 1992; Innis, 1956; Kelly, 1913; Morton, 1939; Spry, 1963; Wilson, 1980) have provided historical accounts of native life at the time of first European contact and through the early fur trade days and settlement of Canada. Ethnographer Cruikshank (1990) has taken us into the personal lives of individual natives giving us an insider's perspective on the daily life of Native people. Another ethnologist, Jenness (1963) has provided a broader view of tribes and linguistic differences as well as the political, social, cultural and economic characteristics of Canada's First Nation peoples. Former Assistant Crown Attorney for the District of Kenora, Ontario, Rupert Ross (1992, 1996) provides insights related to the traditional values, beliefs and practices of native societies especially as they are affected by today's legal system with suggestions and insights into how the relationship between white and native could be healed. Contemporary scientists and environmentalists Knudtson & Suzuki (1992) praise the wisdom of the Native global environmental ethic and hold the native stewardship model up as one worthy of our serious consideration and possible adoption. Respected sociologists (Frideres, 1994; John, 1991; Keating, 1991) provide a larger perspective when they write about native elderly in relation to the Canadian senior population as a whole. Anthropologist Margaret Mead (1937), describes the differences between aboriginal peoples of different countries and adds to our understanding of the differences that exist socially and culturally between peoples such as the North American Indian and Europeans. Statistician Nault (1993) provides demographic data on Canada's Aboriginal peoples. Physical educator Winther (1995) and exercise gerontologists (O'Brien Cousins & Chogohara, 1996) are adding to our information about the potential of active living to promote health to Canada's Aboriginal people. Winther (1995) has studied the recreational activity and sports issues relevant to Native people with a primary focus on the young. O'Brien Cousins and Chogohara (1996) are the first to explore the social and cultural barriers to physical activity and sport on the functional independence and health of all Canadian elders.

Health Care specialists (Armstrong-Esther, 1994; Lefkowitz & Underwood, 1991) have done studies on specific health issues relevant to Canada's first Nations people such as access to, use of, and need for health services among Native populations. Although these studies have not specified the elderly, we know that issues for young and mobile Natives are compounded for the elderly Native primarily due to greater physical and linguistic isolation among the elderly. Natives themselves, Steltenkamp (1993) for example, have written about their traditions and healing practices as a means of ensuring that the 'old ways' are not lost. Native journalist Meili (1991) has written about specific groups of Natives providing a more in-depth look at the personal lives of individual Native elders. Meili's work acts as the conduit for Native elders, helping them find their voice in order to tell their personal stories. Native teachers such as Medicine Eagle (1991) convey Native traditions, rituals, and ceremonies through the medium of personal journeys and stories.

While the body of literature by and about North American Aboriginal people is growing, health, lifestyle, and historical literature specifically about Aboriginal elderly is sparse and difficult to locate. This is true of both Canada and the United States (Armstrong-Esther et al., 1994; Bienvenue, 1986; Block, 1979; Cuellar, 1990; Cuellar et al., 1982; MacDonell, 1994; O'Brien Cousins & Chogahara, 1996; Schweitzer, 1983). Perhaps this is the case because Aboriginal people as a minority group represent one of the smallest, albeit least healthy, segments of both the Canadian and the American populations.

The Health Reality of Canada's First Nations Elderly

Over the past 100 years the story of the North American Aboriginal people has been told by a variety of writers and researchers. A historical perspective helps to build understanding for how the Euro-Canadian majority have influenced our present day view of Canada's First Nations people and also sheds some light on how and why the health of our First Nations people has deteriorated to its present level.

In Canada the total number of Registered Indians represents approximately two percent of the total Canadian population (Nault, 1993). The Native elderly represent just five percent of this total (Norris, 1995) compared to 12 percent of seniors in the non-Aboriginal population over the age of 65 (Frideres, 1994). The small number of surviving older Aboriginals is one indication of the mortal magnitude of their problems.

Block (1979) reports on the American Native as being,

> The most [economically] deprived group of individuals in the United States [and] with advancing age all of the problems they have had to face since birth are intensified. Their needs have largely been ignored because they represent a statistically insignificant minority (p. 184).

Cuellar et al. (1982) has noted this trend among the elderly populations in all minority groups in the United States. His review of the literature on minority aging between 1950 and 1980 revealed very few references to the minority elderly, and references to the American Native elderly were the least represented. The Cuellar report indicates that the first major reference to the American Native elderly did not appear until 1976 with the "Final Report on the First Indian Conference on Aging" (p. 23). It was not until 1978 that their health issues were reported on and not until 1980 that the White House determined that the situation was serious enough to warrant government involvement. A similar paucity of research (MacDonell, 1994; O'Brien Cousins & Chogohara, 1996; Young D., 1988), apathy in the research community (Bienvenue, 1986; National Forum on Health, 1997; Schweitzer, 1983), and inappropriate allocation of government funding (Alberta Health, 1995; Angus, 1991; Royal Commission, 1996) also applies to the Canadian Native situation.

Peter Sarsfield (1988) in his study of health issues among the Aboriginal people of northern Canada says, "Although the community-based pressure to produce "applied" research is increasing, the responsiveness of researchers and funding agencies to locally defined priorities still lags far behind" (p. 123). O'Brien Cousins and Chogohara (1996), in their study of North American minority groups, suggest that regardless of "the general social apathy for understanding the health problems of Native peoples" (p.10), the reason why more research has not been done on this obviously disadvantaged group of Native elderly is that less than five percent reach the age of 65. The National Forum on Health (1997) acknowledges that, "reliable, comprehensive information regarding all Aboriginal groups in Canada is nonexistent, and what information is available cannot be trusted" (p.9). Furthermore, it also acknowledges that agendas for Aboriginal research are more often than not driven by outside interests and not by the stated interests of the Aboriginal people themselves. Health Canada, Medical Services Branch, which maintains the health data for Canada's Registered Indians, advises that the completeness and quality of the information on Canada's Aboriginal peoples is questionable and the data should be interpreted with caution (National Forum on Health, 1997, p. 9). The lack of any appreciable research to date on Aboriginal seniors means that there is a serious lack of knowledge about their situation. As a group they are the most at risk of poor health and most disadvantaged among both Canada's urban and rural elderly (Keating, 1991; Kramer, 1991).

The massive social and cultural changes that have taken place since Europeans first made contact with Canada's Aboriginal people has had an extraordinary impact on the health of the nation's First People. Substandard living conditions and poor health have forced a shift away from a subsistence economy where Aboriginal peoples were once self-sufficient, to a cash-based economy that has increased dependence on government imposed programs and financial handouts (Frideres, 1994; National Forum on Health, 1997; Norris, 1994). Sedentary living now adds the burden of avoidable illness and premature death (Hudson et al., 1980; McPherson, 1994; Young, 1988). O'Neil (1993) is clear that the illness-focused care system has remained largely unresponsive to changes in the pattern of health problems reflecting chronic illness and social problems in Aboriginal communities. He holds that health issues reflect the broader social, economic, political and cultural conditions of Aboriginal life which cannot be addressed effectively as a single circumscribed and specialized area of interest. "...One cannot simply collect data on health status and medical care and then discuss their meaning and implication in isolation from their milieu" (Young, T., 1988, p. 4). Health problems are clearly a reflection of the economic and social conditions of life and they require culturally relevant, holistic and community-based solutions (Alberta Health, 1995; Norris, 1994; O'Neil et al., 1993; Young, T., 1988).

Since the time of first contact with European cultures Canada's Aboriginal people have been subjected to successive epidemics of infectious disease, chronic disease, and social and mental disorders (O'Neil et al, 1993; Waldram et al., 1995). Jackson and his associates (1982) believe that the situation of Canada's Aboriginal people, though not directly comparable, parallels the oppressed classes of Third World countries. Other reports of the conditions of daily living for Native elderly in rural areas show that Native populations are seriously disadvantaged in terms of education, housing and health care services--all key factors which determine overall health (Alberta Health, 1995; Bienvenue and Havens, 1986; Hohn, 1986; Keating, 1991; National Forum on Health, 1997; Young, 1988).

Social conditions are no better. Sarsfield's (1988) report on northern Natives describes people living in cold, crowded, poorly-built housing often without proper provision of sewage and garbage disposal. Young (1988) says that the state of Native health in this country has "led to charges of 'national disgrace' and even 'cultural genocide' by some Native spokesmen and their supporters" (p. 4). The Royal Commission Report on Aboriginal Peoples (1996) takes a more optimistic stance, "To the extent that Aboriginal people have shared in Canada's ... standard of living, their health has improved as well. To the extent that they have continued to experience lower incomes, inferior housing conditions, and more contaminated water, they continue to suffer from infectious diseases in like measure" (Vol. 3, p. 137).

In order to understand the incredibly complex picture related to Aboriginal health it is necessary to understand that there is a huge diversity in cultural history, social organization, ecological adaptation, and genetic characteristics among Canadian Aboriginal people, all of which influence and affect health status (Young, 1988). For these reasons, generalized solutions to problems will not apply. On the other hand, there are many aspects of the Aboriginal peoples' encounters with the Euro-Canadian health-care system that all of Canada's First Nation people share: restricted access to health services, cultural ignorance, limits to the services in their communities, and culturally inappropriate programming (Driedger & Chappell, 1987; Hohn, 1986; Keating, 1991; Standing Committee on Health, 1995).

The national scope of the Aboriginal health problem is so immense and complex that it will be more easily understood if it is first viewed as having several broad dimensions: reserve[11] vs. non-reserve status; urban vs. rural; registered (federally recognized) vs. non-registered; Indian vs. Métis[12]; and the lack of recognition of the immense variation in cultures between one Band[13] and another (Schwitzer, 1983).

At the community level the further complexity of these issues is revealed. Health issues are evident in the degree of isolation, size of communities, nature of economic activity (if any truly exists), quality of leadership, vitality of the culture, cohesiveness of the community, existence of resources, complexity of social problems, and intensities of divisions within the community (Armstrong-Esther et al., 1994; Frideres, 1994; Hudson et al., 1980).

Narrowing the focus one more step exposes the reality of families--the most enduring source of esteem for Native seniors (Armstrong-Esther et al., 1994; Guemple, 1983; Hohn, 1986; Schweitzer, 1983). Increased mobility and migration and a greater reliance on technology by younger family members has resulted in a weakening of kinship and friendship ties and a loss of status for seniors with a resultant impact on their health

(Guemple, 1983; Hohn, 1986; MacDonell, 1994; Schweitzer, 1983). The gap between generations is growing.

At the center of the Aboriginal health dilemma is the individual and the personal determinants of health. Proponents of health promotion (Frank & Mustard, 1995; Rissel, 1994) point out that the overall determinant of personal health is empowerment--the sense that we have choice in our lives. Education, access to resources, mental health, self-worth, and a sense of belonging are specific elements that impact on empowerment and collaterally on personal health (Cuellar, 1990; Frideres, 1994; Royal Commission, Vol. 3, 1996).

The Royal Commission on Aboriginal Peoples (1996) reports that the life expectancy of the Canadian Registered Indian rose between four and five years between 1976 and 1986. The life expectancy for Inuit[14] in the Northwest Territories actually more than doubled between 1940 and 1980. The Report claims that there have been smaller gains since 1978 and that there are some who maintain that ground has been lost (p. 140). Today the birth rate of Registered Indians is more than double that of the non-Native Canadian population and the growth rate is triple the national average (Indian and Northern Affairs Canada, 1995). It is estimated that the population of Registered Indians is on average ten years younger than the general Canadian population and that the life expectancy of Treaty Indians is approximately ten years less than for Canadians in general (Alberta Health, 1995; Driedger & Chappell, 1987; Frideres, 1994; Indian and Northern Affairs, Canada, 1993; National Health Forum, 1997; O'Neil, et al., 1993). Indian and Northern Affairs (1995) data indicate that in 1991 an Aboriginal male could expect to live to 66 years compared to 74 years for other Canadian men. Registered Indian women could expect to live to 73 compared to 81 for their non-Aboriginal counterparts. The Royal Commission Report (1996) says that the greatest discrepancies occur among the young. By age 30 the difference in life expectancy relative to non-Aboriginal Canadians has been halved; by age 60 it has declined by half again (p. 120). On the positive side, Natives that survive to 80 years have a greater additional life expectancy than the national population (Hohn, 1986).

In the 1970s only one third of American Aboriginal people reached the age of 65 (Schweitzer, 1983). Reasons cited then included high infant mortality, lack of decent housing, inadequate nutrition, environmental conditions, and isolation. Other American and Canadian studies during the same period cited similar findings (Cuellar et al., 1982; Guemple, 1983; Hudson et al., 1980; O'Neil, 1981). In 1983 many of the same problems were still being cited (Driedger and Chappell, 1987; Hohn, 1986; Keating, 1991; McDaniel, 1986; Schweitzer, 1983; Young D., 1988; Young T., 1988), and today those same conditions still exist (Alberta Health, 1995; Health Canada, 1997[illegible] Standing Committee on Health, 1995).

The Royal Commission Report on Aboriginal Peoples (1996) recognizes that chronic conditions that are sometimes referred to as 'diseases of modernization' or 'diseases of acculturation' are a result of lifestyles typical of industrial nations--reduced physical activity, diets overloaded with fat and sugar, high levels of stress, and exposure to a wide variety of air and water pollutants. These risk factors set the stage for a wide range of diseases such as cancer, heart disease, obesity, and diabetes. Cardiovascular disease and cancer, which are the leading killers of Canadians generally, were once found at lower rates in the Aboriginal population. They are on the rise now among Natives and are becoming significant causes of death (National Forum on Health, 1997; Royal Commission, 1996; Young, 1988).

By 1982 Canadian Natives were already close to national rates for coronary heart disease and stroke (Young, 1988). Metabolic disorders (particularly diabetes), respiratory, and digestive disorders are also significant factors in Aboriginal illness and death (Alberta Health, 1995; Indian and Northern Affairs Canada, 1995; National Health Forum, 1997; Royal Commission on Aboriginal Peoples, 1996; Waldram et al., 1995). In their study of the health of Native women, McBride and Bobet (1990) determined that Aboriginal women were slightly less likely than other Canadian women to die of cancer. They then showed that Native women were far more likely to die from infectious diseases, respiratory problems, or accidents and violence. They are also slightly more likely than Canadian women to die from diseases of the cardio-respiratory system.

In the last decade diabetes mellitus has been recognized as the prevalent disease among Aboriginal communities across North America (Royal Commission on Aboriginal Peoples, 1996). The rate of diabetes among Aboriginal Canadians is two-to-three times higher than the national average, though rates vary from region to region and among different Aboriginal groups (National Health Forum, 1997; Waldram, et al., 1995). Evidence suggests that the onset of this disease in this population occurs at a younger age, is more intensive, and its complications more severe (National Health Forum, 1997). As the data from the Aboriginal People's Survey conducted in 1991 demonstrates, not only do more First Nations people suffer from one or more complications such as high blood pressure, heart disease, and vision problems but the onset of these complications affects First Nations people at an earlier age (National Health Forum, 1997; Waldram, et al., 1995).

The main risk factors for diabetes are obesity, poor eating habits, and physical inactivity (National Health Forum, 1997; Royal Commission, 1996; Waldram, et al., 1995). These factors are prevalent in Canadian Aboriginal populations primarily due to the lifestyle transition that has been imposed on them (National Health Forum, 1997). A traditional subsistence lifestyle at one time kept them healthy, physically active, and eating natural, high quality foods. That traditional lifestyle has been abandoned for a minimum standard of living maintained through government sponsored social assistance, confined to a relatively small area of low quality land, and fed on commercial food (Angus, 1991; Sarsfield, 1988; Young, 1988).

Bienvenue (1986) and Keating (1991) see the Native health situation as a political issue. Bienvenue says, "The institutionalization of a reservation system has encouraged and perpetuated a state of economic and political underdevelopment" (p. 242). Keating says, "Since the 1920s Indians have been forcefully excluded from the economic life of western Canada. This exclusion has had far reaching consequences for subsequent generations of Native peoples" (p. 2). Hudson, et al (1980) sees health issues for northern Aboriginal people stemming from large-scale resource development by multi-national corporations that have undue influence over politicians. Guemple (1983) speaks to the plight of the Natives of the north,

> Old traditions are on the verge of extinction across the Arctic as conversion to Christianity and the transition to modern living conditions have gradually replaced the Aboriginal customs and beliefs. Modern-day old people of the north live in prefab homes, draw old age and disability pensions, take their sustenance from the shelf at the store, and receive their medical care from the local nursing station or hospital. These benefits have done much to make old age comfortable materially; and old men and women alike are quick to express their gratitude for these amenities. That the cosmological explanations we offer serve them as well in death as the material comforts we lavish on them in life is a little more difficult to assert with confidence (p. 28).

Theoretical Framework

Social Support: The theoretical foundation of this study is drawn from Minkler's (1992) case study of a group of urban elderly poor in the United States. In Minkler's study a community organization-based process was implemented to help empower elderly citizens to take control of the factors that were having a negative impact on their health. The theory underpinning Minkler's study was that of empowerment through social support within community organization practice. Minkler demonstrated that social support could increase feelings of self-determination and control within elderly individuals and in turn had a positive health benefit for those individuals. Minkler also demonstrated that effective community organization could have another positive effect, community empowerment, resulting in increased community competence. Minkler credited this competence with improving the overall health of the community by enabling the community to deal effectively with the factors that had originally contributed to the health and social problems of their community.

Though the health of Canada's First Nations elderly is more critical in many ways than the poorest white urban populations (Angus, 1991; Block, 1979; Keating, 1991; Sarsfield, 1988; Young, T., 1988), I could see important parallels and possibilities for improving the health of my study population by adapting Minkler's design. Unlike Minkler's study, however, this study does not address the impact of social support on Community Organization, although it is recognized that Community Organization is an important element in empowering communities. Given the limited timeframe of this study, the need was for simplification as much as possible. The focus then, of this study, was to catalyze social support within each community through the Health Centres with the goal of empowering the elderly members of rural First Nations communities to lead more physically active lives.

Research into the areas of exercise adoption, although conducted primarily on white populations, indicates that social support is an important adherence factor to participants' younger than 70 years of age (Bouchard et al., 1990; Bouchard et al., 1994; Dishman, 1994, 1994a, 1994b; Hills, 1993; King, 1994; Martin & Dubbert, 1985; Sallis, 1990; Sallis & Haskell, 1986; Sallis & Hovell, 1990; Wankel, 1985; Wankel, 1988; Wankel, 1993). These populations have identified social support as playing a significant role in their adoption of, and ongoing participation in, exercise and activity programs. Shephard (1997) and O'Brien Cousins (1990, 1995, and 1998) have also reported that social support is an important factor that increases the likelihood that seniors will be more interested and willing to participate in exercise and activity programs. Nelson's (1995) research supports the same findings for older adults relative to the relationship between social support, mortality, and morbidity showing that there is "an association between the increased risk of illness or death and poor social support in adults over 55" (p.1). In addition, a large volume of research into social support from the medical, psychological, and health perspectives and from the sociological perspective yields an equally compelling agreement that social participation can and does affect the body's defense system and decrease susceptibility to illness (Berkman & Syme, 1979; Cassel, 1976; Cobb, 1979;

Cohen, 1988; Cohn & Syme, 1985; Minkler, 1992; Pilisuk, 1982; Rosenthal, 1987; Syme, 1974; Thomas et al., 1985; Turkat, 1980;).

A review of the literature related to social support clearly points out two important and critical aspects of the research and knowledge relevant to social support. First, there is no clear, concise definition of "social support" (Cobb, 1979; Cohen, 1988; Cohen & Syme, 1985; Corin, 1987; Gottlieb, 1981; Kahn, 1979; Minkler, 1985, 1985, 1992; Shumaker & Hill, 1991). This fact is widely agreed upon despite the fact that there is a whole branch of research (social epidemiology) devoted to the study of ways in which a person's position in the social structure influences the likelihood that he or she will develop disease. Second, the ways in which social support works to influence health status are still unclear (Cobb, 1979; Cohen, 1988; Gottlieb, 1981; Minkler, 1992; Shumaker & Hill, 1991; Yardley, 1982), although it is unanimously agreed that the concept of social support is becoming increasingly important in the fields of health and social service research and practice.

Chogahara et al. (1998) reviewed the research related to the positive and negative influences of social support on physical activity for aging adults and determined that while research in social science areas like gerontology and health psychology have pointed to negative social influences in these disciplines (social hindrance, social rejection and social inhibition, to name a few), "there has been a striking absence of research examining negative social influences on physical activity in older adults" (p. 11). An equal paucity of research exists in regard to the negative aspects of social relationships in physical activity settings. On the other hand, social support has been recognized as having a positive influence on "adherence to exercise classes, intention to be physically active, self-efficacy for physical activity, and perceived behavioural control in physical activity settings" (Chogahara, p. 3). Research into social support has shown that it can have a positive influence on health as it influences behaviour and as it affects biological responses that influence disease, but more research is needed as it relates to its negative influences.

Many of the early definitions of social support are still the basis of current definitions. Kahn (1979) defined social support as "interpersonal transactions that include one or more of the following: the expression of positive affect of one person toward another; the affirmation or endorsement of another person's behaviors, perceptions or expressed views; the giving of symbolic or material aid to another" (p.85). Cobb (1979) distinguished between four kinds of support, the first and most important being social support, the others being instrumental support (counselling), active support (mothering) and material support (goods and services). Cobb elaborated on social support as having three components: emotional support, esteem support, and network support. Emotional support conveys that a person is cared for and loved. Esteem support is a public proclamation that a person is valued. Network support lets a person know they have a place in a network of communication and mutual obligation that is common and shared. Such a broad definition is relevant to First Nations people in that it speaks to their core values (see Mercredi, 1994). Cobb's (1979) bias towards social support is evident when he suggests that there is no denying the positive health affects of social support even though the concept and process of social support are somewhat vague and generalized. In Cobb's opinion social support is fundamental to health.

Yardley (1982) suggests that the term social network is key to understanding the definition of social support. He refers to the two terms as complementary concepts. "Social networks may be viewed as the medium whereby social support is given or received" (p. 55). Turkat (1980) also emphasized social networks as being essential to understanding social support. He explained that social networks could consist of such groups as immediate family, friends, neighbours, colleagues, or any number of other associations or affiliations. Schoenbach and his colleagues (1986) also defined social support as the availability of a social network. They proposed that social networks were protective even without regard to the quality of the social support provided. Gottlieb (1981) on the other hand is more critical of such definitions. "One need not be a clinician to recognize that family members and friends do not always merit the appellation "support system", and the fact that this sort of labeling is widespread in the literature reveals something about the romanticism or myopia that has seeped into the research on the topic of social support" (p. 30). Gottlieb suggests something different, an approach that addresses what he considers to be the three aspects of "natural support systems" -- mutual help groups, neighbourhood-based helping arrangements, and social networks.

Berkman and Syme (1979) acknowledge the success of social support as defined as social ties and relationships. Social support affects the determination of health status for a wide variety of sectors of the population including people living in situations characterized by social disorganization, those undergoing rapid social and cultural changes, and those in poverty--all conditions that are relevant to Canada's First Nations people. The Berkman and Syme study is unique in that it was one of the first longitudinal, social support studies. It followed subjects over an extended period of nine years. In that time they reported on the impact of a range of social ties and networks that were directly examined in relation to mortality from all causes.

In terms of social support and its relationship to physical activity, O'Brien Cousins (1998) summarizes the literature. She concludes that social support is best understood as a powerful multidimensional construct. Social support in this context can best be understood as describing the prominent relationship between the social environment and optimal health that is based on verbal cues from friends, family, and others, and that results in a social efficacy to exercise (p. 184).

That there is no clear understanding of the mechanisms by which social support works to influence health status has led to the formulation of a number of hypotheses that might fill this gap. One of the most commonly put forward is referred to as *buffering* (Cassell, 1976; Cohen, 1988; Cohen & Syme, 1985; Minkler, 1992; Nelson, 1995). As Cohen & Syme (1985) explain it, buffering mediates during stress and "short circuits" the illness response. Social support as a buffer or cushion is considered especially effective in stressful situations. "Although it is unlikely that physical activity programs produce the types of stressors indicated in the medical social support literature, the concept of stress can be applied to the physical activity situation" (Yardley, 1982, p. 60). Examples where such stress might appear would be in adults just beginning an exercise program who have never exercised before, or those who may be significantly overweight and joining an exercise program for the first time. The role of social support here might well reduce stress as well as provide some basic social needs and increase enjoyment in physical activity. Minkler (1992) points out that "this hypothesis has particular relevance for the elderly who are at high risk for both illness and high stress events" (p. 305). A weakness of this model is that it often does not adequately isolate social support as the only factor at work (Cohen, 1988; Yardley, 1982). Other effects that may also be in play for instance might include social competence or self-esteem.

In a somewhat similar vein, Kahn (1976) has suggested that social support fills a *need for affiliation*. Shephard (1997) and O'Brien Cousins (1998) agree, especially as it relates to the elderly. Shephard (1997), who has studied Master level athletes, reports that "almost all Masters competitors (95% of women and 93% of men) regard the opportunity to socialize with people who have similar interests as the main motivation for participation in Masters contests" (p. 196). O'Brien Cousins (1998) points out that "affiliative factors have been emphasized as important personal incentives to be physically active for women" (p. 184).

Nelson (1995) supports the buffering hypothesis and adds to it the *generic or main-effects* mechanism behind social support. He describes how the generic model works: "social support influences general health through behavioral patterns or biological responses" (p. 6). He offers smoking, drinking, exercising, and dieting as examples. Applied in real terms, social support could influence you to stop smoking or encourage you to exercise regularly. In both cases there would be a direct physiological benefit. The same social support might produce a negative benefit if the support was for continuing smoking or continuing to be sedentary.

Kahn (1979) introduced the concept of *convoy* to explain the mechanism of social support. A "convoy" in social support terms is a set of significant people that surround us and to whom we are related by the giving or receiving of social support. An individual's convoy may be very dynamic and at the same time also have constant individual members within it. Kahn explains, "an individual's convoy at any point in time thus consists of the set of persons on whom he or she relies for support and those who rely on him or her for support" (p. 84). Rosenthal (1987) supports this convoy hypothesis and suggests that it is the convoy that determines the adequacy of social support, which in turn determines the individual's level of well-being.

One of the strongest hypothesis put forward to explain how social support works is the role of *perception* -- the perception of feeling supported (Schwarzer & Leppin, 1989). Chappell (1998) agrees that it is all in the way a person defines support. O'Brien Cousins (1995) studied the perceived sources of social support for late life exercise among a group of over 300 women all over the age of 70. She concluded that social support was "indeed a significant force in assisting individuals to initiate activity, to adhere to activity once started and to increase enjoyment of the activity experience" (p. 280).

Still other researchers suggest that social support plays only an indirect role and that social support is always mediated by other variables like self-esteem, motivation, or level of social competence (Cohen, 1988; Nelson, 1995; Yardley, 1982). Yardley (1982) points out that "self-esteem, social competence, and goal attainment have all been found to be important variables when considering intrinsic motivation and adherence to physical activity" (p. 59).

In summary, a great deal of effort has gone into trying to explain how social support works. Whether it actually has a positive effect all on its own or whether it decreases the effects of negative responses is not yet clearly understood. Why has there been such interest in a concept that seems to be so elusive? House and Kahn (1985) offer a good explanation,

> Like the related concept of stress, social support has attracted researchers and stimulated research across the biomedical, behavioral, and social sciences because of its integrative promise and intuitive appeal. It suggests an underlying common element in seemingly diverse phenomena and it captures something that all of us have experienced. The term connotes enough that it has proved [sic] fruitful even in the absence of denotation (p. 84).

Back in 1976 when serious academic interest in social support was in its infancy, Sheldon Cobb addressed the Society of Psychosomatic Medicine on the benefit of social support. As quoted in Pilisuk (1982), it makes the clear case for the role of social support for this present study.

> ...What is new is the assembling of hard evidence that adequate social support can protect people in crises from a wide variety of pathological states: from low birth weight to death, from arthritis through tuberculosis to depression, alcoholism, and other psychiatric illness. Furthermore, social support can reduce the amount of medication required and accelerate recovery and facilitate compliance with prescribed medical regimens (p. 20).

This study then, is based on the broad understanding that social support is empowering and that it leads to a positive affect on the health of the elderly, and the presumption that this will be true for the elderly members of First Nations communities. The vehicle for this support will be a physical activity program specifically designed for this seniors group. The reasons for adopting a social approach to the activity program are four fold. First, the cited research predicts that a social approach would have the greatest effect. Second, a social approach would perhaps draw the elderly out of their isolation, especially in the winter months when this isolation is further exaggerated. Third, it was hoped that a social approach would bring the elderly back into an increased involvement in their communities. Fourth, a social approach was the most cost-effective way of running the program. Bringing elders together as a group rather than going to individual homes to work with each elder separately was the most efficient use of time and personnel.

Empowerment: Empowerment is defined in the Canadian Oxford Dictionary (1998): to be "provided with the means, opportunity, etc. necessary for independence, self-assertion, etc." (p. 458). Wallerstein & Bernstein (1988), in their look at Freire's empowerment education ideas as applied to health education, make a sound case for powerlessness as a leading cause of disease and for empowerment as a critical factor for good health. They define empowerment as "a social action process that promotes participation of people, organizations, and communities in gaining control over their lives in their community and the larger society" (p. 380). They are clear however in making the distinction between the gaining of power in order to dominate others versus the gaining of power in order to act with others to effect change. Empowerment theory, they claim, deals with the latter. The concept of empowerment is further clarified by understanding what the absence of power leads to--alienation, victim-blaming, learned helplessness, and/or powerlessness – all good descriptors of Canada's First Nations people.

Minkler (1992) defines empowerment by emphasizing its Latin roots in "power" and "freedom". With this focus the definition then becomes, the process by which individuals and communities are enabled to take power (the ability to predict, control, and participate in one's environment) and act effectively in changing their lives and their environment (p. 303). Wallerstein (1992) conducted a review of the literature and determined that there was a predominant influence of the social and political science perspectives on the definition of empowerment. In social and political science the definitions emphasize the community and economic characteristics of empowerment where victim-blaming and learned helplessness predominate. Within the community the individual is seen as having lost control and connectedness to the greater social system.

In the public health field, empowerment is seen much more in individualistic terms. Empowerment in this milieu is a multi-level construct that involves people gaining and assuming control and mastery over their lives. Wallerstein (1992) laments that in a public health sense, "the health outcomes of powerlessness and empowerment are often unrecognized, despite the considerable research which documents the role of powerlessness in disease acquisition, and conversely, of empowerment in health promotion" (p. 197).

Braithwaite & Lythcott (1989) in their study of empowerment as a strategy for helping minority groups take control of their environment wrote,

> Poverty and powerlessness create circumstances in people's lives that predispose them to the highest indexes of social dysfunction, the highest indexes of morbidity and mortality, the lowest access to primary care, and little or no access to primary

> preventive programs. Poverty of the spirit and of resources remains *the* antecedent risk factor of preventable disease (p. 282).

They go on to suggest and recommend that community empowerment and individual self-reliance be considered the primary paths to health for communities that are economically disadvantaged and immersed in poverty.

McKnight (1985) says, "there is no effective treatment that can be administered to the powerless. They are peculiarly immune to the injections, ministrations, and education we bestow on them" (p. 37). He goes on to describe the devastation that results when well meaning people try to "help" the powerless. "This has resulted in a dismal array of abandoned programs, palliative remnants, and "burned out" health workers" (p. 37). This has certainly been true for many First Nations communities in Canada. McKnight (1985) points to the irony of well meaning but misplaced support--communities that receive more medical services than income. Powerlessness is literally sickening.

McKnight proposes that four basic empowering principles should be adopted by health professionals and policy makers. First, that all increases in health expenditures to the poor meet the "burden of proof". That is to say, that medical practitioners and government agencies advocating new therapies or programs be required to demonstrate that the cost of such a therapy/program will be more healthful than applying the same monies to individual incomes, community organizations or alternative preventative treatments. Second, that all health interventions be tested for their ability to "strengthen local authority and legitimize the competence of the community" (p. 37). Third, that any non-medical tools and/or techniques that claim to impact health be evaluated for their capacity to further empower the community. Fourth, that health is understood as a condition rather than an intervention. As McKnight says, "many of our current public health tools and the structures for their use are not only ineffective--they are fast becoming part of the cause of the very malady they seek to cure" (p. 37).

The plight of Canada's First Nations people is as serious as any third world country or American minority. Much of the "support" offered by the Federal government for the past 130 years has only served to weaken and diminish these once healthy and resourceful people all the more. The resulting health costs are staggering. First Nations people themselves are ready for change. They are ready to heal physically, mentally, spiritually, and emotionally. They are ready to take back responsibility for themselves and the land that supports them. What lies ahead is not an easy path but the process of empowerment has already begun. Canada's First Nations people are ready to learn and to gather the tools that will be needed to move them forward on the path of healing.

Empowerment in the context of this study will refer to empowerment that leads to self-esteem and self-efficacy, the necessary first steps. Future work with First Nations communities could expand the scope of this study to include a broader process of empowerment that would include community organization and community connectedness.

Health Promotion Strategy -- Action Research

The term Action Research originates with an American social scientist Kurt Lewin, who, in 1946 was doing research in the area of inter-group relations. He coined the term action research to describe a social practice he characterized as "research for social management or social engineering" (Lewin, 1946, 35). The need for this new research method stemmed, in part, from the frustration of his fellow researchers who were trying to improve group relations but having difficulty formulating a clear sense of what could be done to bring about change. According to Lewin, it was evident that there were no clear "criteria for evaluating the relation between effort and achievement" (p.35). Lewin proposed a new approach which he called Action Research. Today the term is often used synonymously with the terms Participatory Research and Participatory Action Research (Fals-Borda, 1991; Gaventa, 1991; Maguire, 1987; Mayer, 1990; Park, 1993). Tandon (1988) has suggested that Participatory Research evolved in response to the "cult of expertise" (p.9) that emerged following the Second World War, based on the growing awareness that the production and dissemination of knowledge and the ability to tap it and use it, were defining characteristics of those in power. The term "participatory research" however, does not appear in the literature until the 1970s (Pyrch, 1988). Ryan and Robinson (1990) suggest that it was McTaggart of Australia (1988) who was the first to coin the hybrid term "participatory action research" in 1989 (p. 59). Gauthier (1984) also comments on the commonality between Participatory Research and Action Research,

> Participatory Research is not so much a new information-gathering technique as a new approach to research: it is a research method that makes the actor a researcher and that brings action into the consideration of research. It differs from fundamental research whose dynamic is not founded on action, and from applied research that considers actors as objects of research and not as participating subjects (Mayer, 1990, p. 204).

Certainly much of the work being done now in the field of "Action Research" dates back to the 70's when the focus was on Third World countries and the "notion of subject participation in the research process to promote social change. Frisby (1997) suggests that the work at that time was, "spurred by the dissatisfaction with existing approaches to international development and social science research" (p. 11). Prominent writers from that period included Tandon (1988) whose focus was Asia; Fals-Borda (1988), who wrote of the Latin American experience; and Freire (1982) who wrote of the efforts of the poor of South America.

Action Research is in no way limited to Third World countries. In Canada and the United States it is being used extensively in the field of education to study and improve educational processes and practice (Carson & Sumara, 1997; Kemmis & McTaggart, 1988) as well as to investigate and bring change to situations of poverty (Freire, 1970), violence and abuse toward women (Maguire, 1987) and the elderly (Minkler, 1992), labour unrest (Gaventa, 1991), and marginalized segments of the Canadian population (Castellano, 1986; Hoare et al., 1993; Hudson, & Kayahna Area Tribal Council, 1988; Jackson, 1993; O'Neil et al., 1993; Ryan & Robinson, 1990). Action Research does not present itself as a universal panacea (Mayer, 1990), but it has earned a place in social science as one possibility among many for social researchers to explore some social problems and situations. Hall (1981) points out that Participatory Research has been used successfully as an adult educational process and as a method of community development. What makes this method so appealing to many is its collective consultative aspect.

Action Research gives precedence to qualitative rather than traditional quantitative analyses and it does so without losing sight of the importance of rigorous research practice (Gaventa, 1988; Hall, 1993; Hoare, et al., 1993). In contrast to traditional research, in which subject and object are seen as very separate entities, Action Research strives for the elimination of the division between the researcher and the researched, between subject and object (Alary et al., 1990; Fals-Borda et al., 1991; Gaventa, 1991; Maguire, 1987; Park, 1993; Tandon, 1988). Although bearing significant similarities with other qualitative methods, Action Research differs in that the observer does not assume the sole responsibility for the initiation or the development of the data. Frisby (1997) points out that in contrast to traditional research approaches in which the researcher is typically in control of the formulation of research questions, the data-collection process, the interpretation and communication of results, "participatory action research calls for the active involvement of the community. ...in defining research problems, executing interventions, interpreting results, and designing strategies to change existing power structures" (p. 9).

In this study, First Nations health staff identified the physical activity needs of their seniors in discussion with those seniors. Programs were subsequently designed to meet those specific needs and unique limitations. Feedback and input from the seniors was sought after each session. In this way the activity programs were in a constant state of evolution. The Health Centre staff were in charge of all data/information collection and program design and delivery. As an 'outsider', the lead researcher served as a resource, consultant, and coach to the Health Centre staff.

In Action Research the work is an interactive communal enterprise in which social validation of knowledge is obtained not only through the confrontation of previous ideas or hypotheses, but through the peoples' own verification mechanisms (Fals-Borda, 1991). Action Research puts the participants in charge of both the production and the utilization of knowledge by means of an interactive process predicated on connectedness and inclusion. The result is a collective solution. As Park (1993) explains, knowledge produced by traditional social science ignores the fact that humans gain social knowledge through their interactions as co-members of society. It is Park's view that such knowledge is therefore not likely to be valid in any empirical sense and is often dismissed as not being particularly useful (p. 5). "People cannot be liberated by a consciousness and knowledge other than their own.... Consequently, it is absolutely essential that they develop their own endogenous consciousness-raising and knowledge generation" (Rahman, 1991, 14).

Maguire (1987) further clarifies the meaning of Action Research and the distinction between qualitative and quantitative research by suggesting we look at the paradigms that underlie the two positions. In her opinion, consideration of the questions we ask is at the core of understanding paradigms; and that through the questions we ask we reflect the way we see the world. Freire, (1982) also supports the need for a shift in paradigms by emphasizing that traditional quantitative research sees and treats people as objects, incapable of investigating their own social reality. He suggests that such a view alienates people from their own decision-making capabilities. He too emphasizes that Action Research,

> Seeks to break down the distinction between the researchers and the researched and the subjects and objects of knowledge production through the participation of the people-for-themselves in the attainment and creation of knowledge. In the process, research is viewed not only as the means of creating knowledge; it is simultaneously a tool for the education and development of consciousness as well as mobilization for action (Gaventa, 1991, 121).

Maguire (1987) emphasizes that "Action Research is based on a set of assumptions about the nature of society...that are directly opposed to the assumptions of the dominant, positivist-informed social science research [and that] it offers a radical alternative to knowledge production" (p. 10). Park (1993) agrees by stating that, "Action Research is profoundly educational...in the sense of learning by searching and researching...." (p.3).

This kind of learning can take place in traditional research, but in that situation the researcher, who is seen as the expert, learns while the people who make the learning possible are left "empty-handed" (p. 3).

There are several treatments of Action Research in the literature that emphasize the core elements of the methodology (Kemmis & McTaggart, 1988; Park, 1993; Reinharz, 1992; Stringer, 1996; Tandon, 1988):

1. community involvement and commitment;
2. the specific activities of research (in some instances referred to as systematic inquiry or social investigation), education (skill building and the production of knowledge through analysis and the development of understanding) and action directed at radically changing or transforming social reality, and;
3. empowerment through the process of collective social action and the development of critical consciousness.

In some respects the process of Action Research is more difficult than the more traditional forms of social science research that demand a dichotomy between the personal and the scholarly. Action Research must be more flexible in its ability to respond to the changing needs of the participants that are continually evolving. Newly created knowledge results in concrete action. Those who describe the activities of Action Research (Alary et al., 1990; Gaventa, 1991; Green, 1995; Jackson et al., 1982; Park, 1993; Tandon, 1988) speak of the processes as being "systematic". This is true only in a broad sense, in a big picture sense. It would also be true to describe the process as systemic in that it constantly responds to the community as a whole as if it were a living organism. The actual day-to-day interaction of activities of the Action Research process are subject to continual adaptation and refocusing. In this sense it appears less systematic and more systemic. Draper's (1982) description of an Action Research community education project conducted by four northern tribal communities highlights this point explicitly. Notwithstanding, Green (1995) has captured the core elements in his work in developing a framework for evaluating Participatory Research in the area of health promotion. He provides a container that holds "the system" during the action of participating. In this regard, he views Action Research as systematic and participatory "with the collaboration of those affected by the issue being studied, for purposes of education and taking action for effecting social change" (p.4).

Maguire (1987) points out that investigation, education, and action often occur sequentially, and that they can also occur in a variety of combinations in any of the phases of Action Research. They do not necessarily occur in a linear sequence although they could. "Similarly, different participatory research projects put differing emphasis on the three activities" (Maguire, 1987, 40). Action Research ideally calls for the active involvement of the community in defining research problems, initiating the process, executing interventions, interpreting results, and designing strategies to change existing power structures (Fals-Borda, 1991; Frisby, 1997; Maguire, 1987; Park, 1993; Rahman, 1991). It can be considered participatory research because it is fundamentally about the right to speak. It is a process which supports the voices from the margins in speaking, analyzing, building alliances, and taking action (Hall, 1993). Action Research restructures the relationship between knowing and doing and places the community residents as active members of the research process, in charge of both the production and the utilization of knowledge (Park, 1993). It might be said that this points to the difference between knowledge (the result of doing) and knowing (doing). As Rahman (1991) suggests, emphasizing a rigorous search for knowledge is one of the goals of Action Research, it is in the process, "an open-ended process of life and work...a progressive evolution toward an overall, structural transformation of society and culture.... In short, it is a philosophy of life as much as a method" (p. 29). In this sense the individual is empowered and the move is from passivity to action.

So Action Research is, in reality, more a process than a methodology (Frisby, 1997). It is both participatory and systematic. It is active through the subjectivity of both the participants and the researcher; it is systematic through its process. Fals-Borda (1991) calls it "an experiential methodology (p.3) where the process of participating is itself empowering. It gives authorship to the people. They achieve authority in their own lives and are empowered to tell, write, and reflect their own story. And though there are no clearly defined procedures or details for "how-to" go about conducting Action Research, Fals-Borda, 1991; Kemmis & McTaggart, 1988; and Mayer, 1990 describe the action as spiraling upward from a micro view to a macro view taking on a political dimension as it goes. At the micro level Action Research works with people moving them towards their empowerment and the development of critical consciousness in order to improve their lives and immediate environment. As the individual's life is transformed there is a domino effect that is subsequently reflected in fundamental societal structures and relationships--the spiral upwards--the macro.

In the past in Canada's Aboriginal communities, Action Research methods have been widely used in two broad project areas--those that have been investigative in nature (Berger, 1977) and those that have related to program development. The program development areas include economic development (Hudson, et al., 1980), education (Ryan & Robinson, 1990), health (O'Neil, 1981) and social service delivery (Jackson, 1993).

Hoare et al. (1993) points out that Participatory Action Research methodology is preferred by Aboriginal groups over other methods because it integrates especially well with native culture. It meets native criteria regarding validity and reliability and it also provides a means for cultural repatriation. Colorado (1988) agrees by making the connection between Participatory Research and Aboriginal science and showing how the two are similar in the way that they come to knowledge. Both are committed to qualitative data, to local participation, to science as an educational tool, to enjoyment in the process and, to the role of "professionals" as facilitators. Jackson (1993) writes, "few other social movements have in recent years so thoroughly adopted Participatory Research as a tool to attain their goals as has the Aboriginal movement in all of its manifestations" (p. 48). He goes on to say that during the 1980s Participatory Research became "the *movement's*" way of working (p. 63). Castellano (1986) refers to a "rhythm of action-reflection" (p. 52) and suggests that it is the collective engagement aspect of this methodology which resonates with First Nations people. "The healing process is now being carried forward on the initiative of the Native people, with the determination that their own knowledge will not again be overridden by outside expertise" (Castellano, 1986, p. 52). Tony Hoare and his associates (1993) suggest four reasons why Participatory Action Research is so popular with Native Canadian communities: 1) Participatory Action Research contributes to a balancing of the historical record in a Native voice; 2) Participatory Action Research increases the chance of development effectiveness and longevity because it demystifies the research process and increases the stake of the community; 3) Participatory Action Research contributes to the healing of their communities through empowerment; and 4) Participatory Action Research methods are consistent with Native values of collaboration, cooperation, communication, and participation. Hudson and the Kayahana Area Tribal Council (1980) adopted the Participatory Research methodology for their study because it allowed for "innovative, creative and practical problem-solving which builds on cultural, social and spiritual values...." (p. 25).

There are as many models for conducting Action Research, as there are definitions of the activity of participation but each carefully avoids the claim that there is only one right way. "All are unanimous in their directive that the actual model should evolve out of, and in response to, the unique context and conditions of the specific situation" (Maguire, 1987, p. 40). With no formal process steps, "and no fixed deadlines in this work, each project persists in time and proceeds according to its own cultural vision and political expectations until the project goals are reached. Or it may end forthwith through impatience and/or repression" (Fals-Borda, 1991, p. 7). No single project is expected to faithfully follow a particular practice (Park, 1993). Instead, Action Research offers a more flexible approach that is appropriate to the real, complex, and often truly confusing circumstance with which each project is faced (Kemmis & McTaggart, 1988). Fals-Borda (1991) further explains, "imitation or replication of techniques is not recommended; not even when they have proved successful. The rules of cultural consistency make it preferable to undertake new actions every time, depending on the specific conditions and circumstances of each experience" (p.149).

Ultimately, however, there are two basic underlying principles that are fundamental to Action Research. It must be both interactive and dialectical (Park, 1993, p. 2). There are also some typical or generalized steps, stages, or phases that have been identified. Maguire (1987) proposes five phases: 1) organization of the project and accumulation of knowledge of the working area, 2) definition of generating problematic, 3) objectivization and problematization, 4) researching social reality and analyzing collected information, and

5) definition of action projects (p.40). Kemmis & McTaggart (1988) succinctly outline four steps: 1) plan, 2) act, 3) observe, and 4) reflect. Mayer (1990) in his review of the French language literature in the field concludes that there are four stages: 1) preparatory and the establishing of relations, 2) collection of findings and analysis of results, 3) writing of the research report and distribution, and 4) the return to action (p. 211). Park (1993) also keeps it to four phases: 1) initial organizing, 2) research design and method, 3) data gathering and analysis, and 4) utilization of results.

The model this study has adopted is described by Frisby (1997) and is an adaptation of the approaches outlined above. Frisby's (1997) steps include: 1) defining the problem, 2) understanding the community and establishing key relationships, 3) community mobilization, 4) collecting and analyzing information, and 5) defining and implementing action plans (p. 12).

CHAPTER 3

> *For a number of years, we had been receiving more and more specialists trained in medicine, in nursing, in mental health. But even though more and more health and social services were being put into place, we had more and more sick people. New specialists arrived, and they kept finding that we had new illnesses.... Self-help groups are now beginning to emerge and share their knowledge of traditional healing, because modern medicine does not heal the whole person [translation] (Royal Commission Report on Aboriginal Peoples, 1996, Vol. 3, p. 207).*

Method

The Problem

The health of Canada's First Nations people is ranked among the lowest in the country. And while a great deal of attention has been given to the means of improving the health of the younger members of this cultural group, almost nothing is either known about, or has been done for, its elderly members. The objective of this study is to find ways of improving the physical activity levels of seniors in six rural First Nations communities. The activity programs had to address the unique needs, circumstances, and values of each community while at the same time move towards the goal of community improvement for the future. Through a process of education in which community participants are actively involved in the cyclical Action Research steps of planning, action, observation, and reflection the skills, knowledge, and confidence of participants are developed in the hope that future physical activity programs will be assured.

Study Design

Action Research Framework: The methodology that guided this study was Action Research. An adaptation of Frisby, Crawford and Dorer's (1997) participatory action research case study of low-income women and their accessibility to physical activity services within their community was used. Frisby and her colleagues outlined a five step approach to their study: 1) identifying the problem, 2) understanding the community and establishing key relationships, 3) community mobilization, 4) collecting and analyzing information, and 5) defining and implementing action plans (p. 12).

Because the subjects of this study were Aboriginal and the researcher white, there were certain aspects of the study that varied from the Frisby et al. (1997) study. Different steps needed more emphasis and others less; some required more time. In the Frisby et al. (1997) study there was more time (two years) and therefore more emphasis given to phase five, defining and implementing action plans. In this study, given the need and importance of bridging cultures, the emphasis and time was on phase two, understanding the community and establishing key relationships.

Process

The Action Research steps that briefly describe this study are:

(1) Identifying the problem. Through collaboration, negotiation and sharing, the problem was narrowed down to, "what can be done to get the elders more physically active?" Though the communities were not consulted at the initial designing of this study and though ALCCOA had set the broad project objectives, working with the Elders and my emissary, and subsequently with the Health staff from each community, we molded the project so that it suited the needs of the First Nations seniors in each community;

(2) Understanding the community and establishing key relationships. This was a three-stage process.

Stage One was a Talking Circle held for two days in November 1996. It was initiated in keeping with First Nations tradition in order to ask the advice and council of First Nations Elders and to gain their support for the program as leaders of all First Nations people in Canada. Their advice was needed in regard to how to make initial contact with First Nations communities and how to help those communities get the program working. This event was the crucial foundation for the study.

Stage Two was my initial and subsequent meetings with the community Directors and Health Centre staff. There is no specific point at which I could say I understood the community and had established my key relationships. I still don't understand everything about the communities I worked with but I do feel I did establish trust and a good working rapport with everyone involved in the study.

Stage Three was a brief opportunity to meet with some of the elders who would be the participants in the program. This opportunity came as I introduced the program at two community feasts. I invited questions and discussion and the male members of the community chose to question me vigorously about why I was in their community and how much I knew about them. That particular event felt like a "test". But thereafter, I had an easy, comfortable rapport with the Health Centre staff.

(3) Community Mobilization. This involved ongoing meetings in which we planned next steps, clarified actions that would be taken, raised issues related to problems and obstacles they were encountering, and generally shared information about ourselves, our lives, and the communities we lived in;

(4) Collecting and analyzing information. This involved many tasks over a period of time including the audio taping of the Elders Talking Circle and the subsequent transcription of those tapes, note taking at all meetings, personal journal writing, and general observations;

(5) Defining and implementing action plans. Defining of next step actions occurred at every weekly meeting and more often if circumstances warranted. Implementation of those plans was the entire responsibility of the program staff and was completely outside my purview with the exception of the initial and final feasts.

The following chapter elaborates on this process outline.

The Role of the Action Researcher

Cross-cultural work poses unique challenges for many research situations and this study was no exception. As I reflect back I realize that not just anyone could have done this work with this particular methodology. I have come to acknowledge that one of the factors that contributed to the successful progress of this study within its short time frame was me, my personality and the unique qualities and strengths I brought to the project.

Many Action Research studies do not specifically address the personal attributes of the researcher. This is an unfortunate oversight. As a new initiate into Action Research, I would have appreciated having such insights; they may have helped me make fewer errors, forewarned me about what to expect, and alerted me to new areas of learning. Such an omission in the literature means that the opportunity to examine relationships within the research interaction from a unique perspective has been lost. Insights into the characteristics of the researcher are relevant given that Action Research involves the researcher so much more personally than other research methodologies. Certainly, in this particular case, I believe that what I brought to the study was both relevant and pertinent. So, in very brief terms[15] I would like to take this opportunity to do some self-reflection and in this way cast more light on some of the events and successes of this study as well as clarify some of my own learnings.

In retrospect, several of my strengths stand out as crucial during this study. Qualities such as adaptability, flexibility, patience, persistence, and organizational skill were essential in meeting the demands of the tight time frame as well as the needs and vagaries of each community. In addition, I have an easygoing style that matched the style of many of those I worked with. More important, my overall attitude and philosophy that every teacher is a student and every student is a teacher,[16] was key to minimizing the barriers that have historically existed between First Nations people and Whites. At no time do I think I conveyed, in any sense, that I was an "expert" or in any way superior to anyone. From the outset, I wanted it known that I too was a student in the process of learning. At the same time I wanted them to know that I was competent and nobody's fool without putting barriers up between us.

The first few meetings were very business-like tempered with excitement and enthusiasm. I laid out my agenda and I listened carefully to their concerns and was mindful of addressing those concerns. I emphasized that the program could be adapted in any way to meet their specific needs. I stressed that we would work together to do this. At the same time I was always clear that they would be in charge of the delivery of the program. I did not want there to be any confusion or misunderstandings in this regard. At the end of the program, when I would be leaving their community, I wanted them to feel that they could continue without me, if necessary. In the back of my mind I knew I could not create a dependency.

I sensed ambivalence in them about taking responsibility for the program, and I understood. So I was quick to indicate that I was aware of their two minds. I empathized with their already heavy workload and reassured them that I would provide training for them in order to make it as easy as possible. I contrasted this with my own feelings of being an "outsider" in their community and was honest about feeling alienated. All this together formed the beginning of the structure of rapport between us.

In order to get people to move toward autonomy and responsibility, one must first be sensitive and respectful of the individual. Such sensitivity must reflect a genuine awareness and respect for the knowledge, intelligence, and uniqueness of each person within the group as well as the individuality that each wishes to express. In this study, the onus was on me, as the lead researcher, to acknowledge and support, easily and openly, each person and individual as well as the collective (the Health Centre staff). It was essential that I honour their capability for assuming full responsibility for their lives and for acting autonomously in their own best interests and in the interests of their specific communities. My attitude toward the group (my fellow researchers), be they children, the poor, the uneducated, the elderly, or whomever, is critical to the "buy-in" of the individuals and the community and to their eventual level of participation as "researchers". So, from the outset, I approached each person and community with respect. I consciously worked to create an environment that would engage their interest, mobilize their energy and enthusiasm, and reduce any apprehension that might exist about me as a white researcher, about the program, or their ability to achieve results.

This type of research method for social change is difficult. Throughout the study I was continually having to reframe, readjust, adapt, bend, flex, and provide endless support, encouragement, and reassurances as each community, in their own way, engaged themselves in the process. Many times I felt lonely and discouraged and then there would be a small "breakthrough" or I would become aware of the real struggles these women were coping with in their own lives or in their communities. My energy would return so I could work as hard as they were. It would be easier to be patient.

As our relationship grew the whole situation became more relaxed and an easy humour began to find its way in. Eventually, as I arrived at the Health Centre, I was greeted warmly. Even the elders themselves spoke to me.

Doing cross-cultural Action Research work does pose unique challenges for the researcher. In retrospect, I realize that two researchers working together would have been better. There is so much that must be attended to in terms of group dynamics, so much to learn culturally that in this case, two observers would have been an advantage. In this particular study, because of all the winter highway driving that was necessary, a team approach would have added a sense of security as well. In the final analysis, it was an exciting, rewarding study.

Participants: The subjects involved in this study included six First Nations communities of Alberta:

Paul Band First Nation: The statistical data presented here is based on both recorded data by the Alberta Native Health Care Commission in December of 1994 and discussion with the Health Director throughout the course of the study. As accurately as can be determined, the total population of the Paul Band is 1,286. Seventy per cent, or 903, live in the community. Of these, 56 are over the age of 50 including 25 males and 31 females. Fewer than 20 are over the age of 70 and 15 are in their 60s. The elders involved in the activity program range in age from the oldest at 85 to the youngest at 55. Two were in wheelchairs, some have diabetes, and many are smokers. The community has no pavement except for is a patch of black top about one city block long just outside the Band Office and Health Centre which are located side by side. On the other side of the Band Office, there is a school that combines elementary and senior grades--the site where the community held its first feast. About three houses are visible from this "Centre" of the community. The Health Centre has a van to provide transportation for seniors to events within the community and it is also used to take anyone into the city that may need to go for a medical appointment. There are no stores or other businesses and very few phones except in the Health Centre and Band Offices.

The Health Centre is typical of all of the older First Nations Health Centres I was in. It is an ATCO type trailer turned into an office. It has a staff room where many of the meetings with the elders were held. There is a room where the visiting doctor sees patients, an administration area that also serves as the reception area, and other offices and examining rooms.

Alexis First Nation: The total population at Alexis is 1,141. Sixty-two per cent or 676 live in the community. Of these, ten per cent or 71 are over the age of 50 including 35 males and 36 females. Thirteen are over the age of 70, seventeen are in their 60s. The oldest is 99. There is a paved road at Alexis that goes past the Band Office and Health Centre and around to the nursing home completing the circle back at the Band Office. Alexis is the only community I was in that had a nursing home of 16 beds. The nursing home is primarily for seniors and younger community members who, for medical reasons, need constant care. The appearance of Alexis is that of being much more cared for with grass, gardens, landscaping and such around the public buildings. There are more homes visible as you come into the community. A railway track runs near the perimeter. Two suicides occurred there during the course of this project. Alexis has recently successfully challenged the Provincial Government to have more land granted to them. This has caused some hard feelings with nearby "resort" neighbours who see their cottages being infringed upon.

Enoch First Nation: Enoch is one of the wealthiest First Nation communities in Alberta because of rich oil and gas deposits within its boundaries. The total population is 1, 428; seventy-nine percent (1,129) of which still live in the community. Of these, eighty-five are over the age of fifty including 35 males and 50 females. Fewer than 20 are over the age of 70 and only 18 are in their 60s.

All five of those over the age of 80 are female. Enoch is a thriving community economically. Highway 60, part of the ring road around the City of Edmonton and joining the highway to Jasper to the nearby town of Devon, goes right through the Centre of the community. There is also a long stretch of black top that leads from the highway to the Band Office and Health Centre. They have a large recreation Centre, a golf course, some small businesses, and a Catholic Church. Many of the residents are also successful farmers. This past year they finished building a brand new Health Centre with a paved walking and cycling path through a beautifully landscaped park area. When you drive into Enoch First Nation you are very aware that you are in a small community. Many of the homes are visible, two and three-plexes mainly, all looking the same and incongruously in poor repair.

Even though they had to pay a rental fee, Enoch held their first feast in the basement of the church; a big beautiful Catholic Church and public landmark. Encouragingly, during the course of the project, the old Band Office building, a small, wood frame structure out near the highway was refurbished into a Seniors' Drop-In Centre. I understand it is not being used as much as they would like because they fear that if they move all the equipment and supplies over it will be broken into and vandalized.

O'Chiese and Sunchild First Nations: These two communities sit side-by-side in the high foothills approximately 50 km west of Rocky Mountain House. Turning off secondary highway 22 there are approximately 20km of wide gravel road into the foothills in order to reach these communities. The setting is wild, mountainous, and beautiful. There are no paved roads though the road that leads to the two Band Offices, which are across the street from each other, the Health Centre and the school at one time was probably black top. There is a small trailer set up across from the Health Centre and next to one of the Band Offices that serves as a diner run by members of one of the communities. These two communities are small with fewer than 2,000 residents between the two of them.

O'Chiese community, under the guidance of the Health Director is establishing the O'Chiese Wellness Centre, a new Health Centre with an attached Elders' Lodge Drop-In Centre. The Drop-in Centre is to be run by a volunteer Health Committee. It was through this project that the health needs of the elders were recognized and brought forward to the Chief and Council. As a result, the blue prints for the Health Centre was revised to include the Drop-in Centre and program dollars were also allocated. Throughout the study most of the energy and focus of this community went into the establishment of facilities for their seniors. Now that these will soon be in place and there is a committed group of staff and volunteers in place, the future health of the seniors of O'Chiese community is more promising.

The Sunchild community has a total population of 711. Since the community was established some twenty years ago (right next door to their traditional enemy) they have lived without any of the health resources usually available to First Nations communities. They have been obliged to share facilities with O'Chiese First Nation, and this has not always been easy. Because of this tension, elders have been a forgotten segment of this population. With the offer of this program opportunity, the needs of the elders not only relating to their health and fitness but to all their needs have once again been acknowledged.

Alexander First Nation: Alexander dropped out of the program because of political events within their community. I was instructed by the Health Director of the Yellowhead Tribal Council (YTC) and her staff to have no more contact with them under any circumstances. Before they left however the Health Director made a commitment to match the dollars that my study was offering to their seniors and then to run an elder's activity program for their 1997-1998 budget year. Details of their program were still being worked out at the time that they had to leave the study. They also had indicated that they were in the process of developing a community-based wellness program for their elderly that would involve the school and Health Centre. I had no other direct contact with the band, although I have learned through the news media that in the late spring of 1998 this community divided and more than 80 families left Alexander to set up a new community at Fox Creek, Alberta.

Data Collection

Participatory research "wholeheartedly embraces a whole range of expressive forms, including song, dance, and theater, as well as more orthodox forms of data" (Reason, 1998, p. 282). In this study the data consists of an audio tape recording of the two day Elders Talking Circle and subsequently transcribed (see Appendix A), meeting notes, and a personal journal that I kept throughout the program, photographs, and questionnaires.

(1) The audio tape transcription[17] is, to the fullest extent possible, an exact replication of the meeting including, as best as words can convey, the emotions present, pauses, gestures, interruptions and translations of words spoken in Cree (although the actual Cree characters are not written) that were interspersed throughout the dialogue. I deeply regret that the reader does not know the sound of each voice on the tape. Intonation, tone of voice, and even accents are a rich dimension that is lost in transcription. One of the most difficult aspects of this transcribing was the punctuating of the sentences.

During the course of the Talking Circle several of the Elders chose to demonstrate concepts on the flip chart that was available. All of these flip chart pages were saved and have since been reduced by a photocopier and are included in their appropriate spot in the transcription. (See Appendix A, p. 166, for a complete copy of the transcription)

The analysis of the content of the transcription, which is itself a rich source of information, was limited in this study to the criteria established by the program objectives set in Ottawa. Three broad thematic inquiries were identified: (a) What past and present activities do elders take part in? (b) What are the present health issues of Native elderly? And, (c) What obstacles stand in the way of the elders leading healthier, more active lives?

The taping equipment was professionally set up. There were four microphones at the Centre of our circle; each facing a different direction, to ensure that every utterance made in the group would be recorded. There was only one tape deck and no technician to assist, which meant that I was responsible for changing the tapes. As a participant in the meeting itself, this meant that some minutes of recording were lost at the end of one tape and the beginning of the next.

There was a total of 405 minutes of tape recording, half of which I transcribed myself. Because the process was overly time consuming, on the advice of a Native friend who works in the area of First Nations women's health in her own community near Ottawa, I recruited a fellow Métis student to help me. I spent considerable time with my assistant reviewing my transcription with the tape so that she would understand the verbatim quality I expected and so that she could learn to recognize the different voices on the tape. Then she was given one 45-minute side to do and we met again to review her work. More emphasis was put on verbatim exactness, including laughter, hesitations and interruptions and then she was left to finish the work. A complete hard copy and a disc copy were delivered to me when she finished.

I subsequently reviewed all the tapes from beginning to end twice more correcting small details as I found them. I am satisfied that as much as a transcription can be a verbatim account, this is. I leave the reader with one final thought from Poland (1995), "that transcription, for all its apparent straightforwardness, is still very much an interpretive process" (p. 295).

(2) Meeting Notes: I had hoped to tape record the minutes and discussions of the meetings I held with Health Centre staff in each of the communities I worked with, but early on I was refused permission. I have some regrets about this because it was during these meetings that anecdotal stories were told that I would have preferred to have a verbatim account of. However I was given permission to take written notes, which I did to the best of my ability while still being a full participant in the process. These notes became a starting point for each of the subsequent meetings, as we reviewed them together. These notes were dated with time, location, and attendees noted. Sometimes I would later add to these notes ideas, questions, or problems that I wanted to raise at the next meeting. More

than once Health Centre staff telephoned me to have me review a particular point or action step that they wanted clarity on. The meeting notes served as a constant source of reflection and planning and were referred to often.

Meeting notes included my recording of the minutes of meetings with Health Centre staff including feedback and evaluations of activities to date, future activity ideas and plans, as well as tasks, resources, or information that Health Centre staff asked me to provide for them. At these meetings I also recorded Health staff observations of their sessions with their elders and any second-hand comments they told me that the elders were making, as well as my own observations of the Health Centre staff attitudes and concerns.

(3) Journal Notes: With so much happening so quickly it was hard to record it all as it was happening and still be an active participant in the process. At the end of the day, I found that writing in my journal gave me the time I needed to reflect on and remember some of the events of the day and get clear on my own reactions, frustrations, and interpretations. These journal notes contain my own biased hypotheses, hunches, and experiences as well as my own evaluation of my practice.

There is one more point that should be made that is somewhat relevant to the transcription. The eight people that attended the Talking Circle spent a considerable amount of time together outside the Talking Circle and conversations relevant to our meeting continued at all times of the day and night. It is regrettable that none of these discussions were recorded. In many instances I was not even able to take notes during these times. To the best of my recollection I did make notes in my personal journal but sometimes this record came hours after the conversation.

(4) Photographs: One final source of data was the photographs I was encouraged and allowed to take during the final feasts. I had them developed and shared copies with each of the communities.

(5) Questionnaires: An attempt was made to collect questionnaire data from each of the elders who participated but several problems arose in the administration and completion of these assessments and they were eventually abandoned.[18]

Ethical Considerations

Human Ethics approval was provided as part of the larger ALCCOA initiative on promoting functional fitness in Edmonton among low-income elders.

The largest ethical issue to contend with was that of being a white researcher imposing myself and this study on a First Nations community. It was one of my primary motivations for convening the Talking Circle. I wanted, as much as possible, to gain entry gradually and properly, making sure that proper protocols were followed and respect given. It was important to me that the First Nations people that I would be working with knew that I honoured and respected their culture, protocols and beliefs. What was interesting to me was, that I had not been able to find any reference to this ethical issue in the literature. None of the authors I read, except for Colorado identified their own cultural background. Does this mean they were all Native? I don't think so. Could it mean then that their cultural background was not an issue? Maybe. Regardless, no one was writing about it. With no help available in the literature to help guide me, the next logical place to go, albeit a bit frightening, was to the people themselves. Hence, the Elders of the Talking Circle were my most immediate and on-going ethics review board.

I am very glad that the Talking Circle did take place because the issue of being white seemed to evaporate and the issues related to 'gaining entry' were taken out of my hands. My emissary, one of the Elders from the Talking Circle, a man of about my own age, was an enormous help. As we worked together in the early planning stages we developed an easy rapport and friendship based on mutual respect. It made for a good working relationship.

Initial participation of the six First Nations communities was sought on a purely voluntary basis. Once they had agreed to participate, the funding provided by the study was made available in two installments. The first installment was intended to help with their initial planning and recruitment process and to help cover the costs of the introductory feasts for the community elders. "Informed consent" from the elders themselves was taken on as the responsibility of each community as they determined what legal or health liability was at risk.

The original transcription and tapes will be sent to Indian and Northern Affairs, Elder Kumik Lodge, once copies for each of the participants at the Talking Circle are made. Appendix "A" of this paper contains a complete copy of the transcription of the Talking Circle with the identity of the Elders removed. I have the verbal permission of the Elders to do this.

In planning meetings with each of the communities participating in the study, I expressed my concerns about anonymity of the elders who would be completing the evaluations. Through our discussions of the possible ways of ensuring anonymity each community devised their own system for coding the evaluations. Each community has their own records and they have not been shared with me. This issue became immaterial when the whole evaluation process was rejected shortly after it began and the whole questionnaire process was abandoned.

Risks to the physical well-being of the elders who participated was handled by some communities through the use of the Physical Activity Readiness Questionnaire (PAR-Q). I was asked to provide copies of this, which I did. They are on file at the Health Centres of the communities that used them.

Verification

Creswell (1994) indicates that, "qualitative researchers have no single stand or consensus on addressing traditional topics such as validity and reliability" (p.157). Quality criteria such as "trustworthiness", "authenticity", "accuracy", and "reality" are the terms of qualitative validity and reliability.

The epistemological stance of Action Research is that "truth" is a social construct and therefore not objective. In support of this position Brennan & Noffke (1997) suggest that "Data must be part of the relationship among a group. If data are seen as a way of furthering relationships among knowers, then they can no longer be seen to have an existence separate from that relationship" (p.37). They cannot be separated out and put under a microscope and understood in isolation from their context. Brennan & Noffke (1997) go on to explain and suggest that, because of this relationship of data to knowers "validity measures in action research have to be developed within the group..." (p.37), that is, within the context of which they are a part.

Manning (1997) offers suggestions on types of authenticity for consideration by the researcher. Her list includes things like: fairness, informed consent, member checking (are the themes true to the respondents?), prolonged engagement (do the research interpretations go far enough?), present observation (have the salient elements been revealed?), reflexivity (is the research context obvious?), and so on (p. 100).

The authority for truth in this study is the voice of the First Nations people themselves. That voice is heard directly in the Talking Circle transcript (Appendix A), and indirectly as reflected in my discussions with Health Centre staff out in the communities, and through the research literature written by them or about them.

Assumptions

There are several assumptions evident in this study that reflect the values and biases of the researcher and those of the government agency that initiated the project. Some of the more specific assumptions are that:

(a) a problem existed that needed to be solved;

(b) First Nations communities would welcome the opportunity to participate in a program that responded to the problem;

(c) that a white researcher would not have any difficulty working with any of the members of First Nations communities;

(d) that the elders of the First Nations communities involved would want to be healthier and more active;

(e) that the overall standard of a more physically active lifestyle, that is effective for white Euro-Canadians, would also apply to the First Nations population;

(f) that as elders of First Nations communities become more active they would become healthier and this improved feeling of health would motivate them to be more involved in the day-to-day life of their communities;

(g) that I would be directly involved with the elders.

Maguire (1988) captures the essence of assumptions for projects such as this.

> To purposefully embark on a research approach that promotes oppressed people's empowerment as an explicit goal requires a belief that people need empowerment, or conversely, that people are oppressed and powerless. Likewise, it requires a belief that this research approach can make a contribution to social change. A participatory researcher must find a balance between assuming that oppressed people fully understand their own oppression and the researcher does not, or conversely, that the researcher fully understands the truth about peoples' oppression, and they do not (p. 37).

Limitations

There were several limitations to the study. Action research, at its best, requires a subject-subject relation; that is, that all participants be both teachers and students in the process. This is not an easy relationship to establish, especially when, as Fals-Borda (1988) notes, "the people are themselves traditionally victims of a dominating structure" (p. 17). As an outsider and a "professional researcher", it was not easy to resist the temptation of imposing my own ideas or taking over in order to get the program moving more quickly. (Hall (1993) was right, intention is not always enough to produce results.)

Two other factors that had an impact on the study were deaths within the communities (there were several), and the difficulty in finding enough human resource help. Every community had at least one death during the course of the study and one community had several, including both suicides and natural causes. Death, no matter what the cause, has a profound affect on First Nations communities and on the elders in particular. The impact of youth suicide is even more difficult for the elders. On the days that funerals were held, the program was canceled. The difficulty in finding more manpower help had the effect of putting more strain on the Health Centre staff who were already carrying a full workload.

The project timeline was probably the study's largest limitation. There were only three months to initiate action and make progress, and there was hardly any time for the Health Centre staff to devote to the program. There was no time to build solid relationships or to really appreciate the unique strengths of the participants. It seemed like there was no time for any real education. There was time to say the words related to the lessons, but no time for me or the Health Staff to incorporate all that we were learning into some sort of meaningful whole. Maguire (1987) suggests, and this study confirmed, that time, and energy, are the most underrated limitations of all. Researchers typically are able to devote their lives to their research but participants must find time to fit the research into their regular work and life activities. The steps of 'gaining entry', 'building trust', and 'establishing relationships' which are all standard procedures in Action Research, and take time to accomplish, were compounded in this study by the need to also bridge cultures. It is impossible to shortcut these steps. As Maguire (1987) points out, inadequate project time results in limited outcomes (p. 46).

Two other limitations that bare mentioning are, one, the study was developed in Ottawa through a round table discussion of the Guardians/Steering Committee and Project Design Team of ALCCOA (Active Living Coordinating Centre for Older Adults) responsible for three Functional Independence projects funded by a New Horizons grant of Health Canada, and the time lines were firmly set. Two, the means of evaluation for the study was also determined by the Project Design team; this later caused some irrevocable problems.

There is another limitation I feel must be mentioned which may have affected the results. Because I am white, I did not actually work with any of the seniors in any of the First Nations communities. All of my work was through intermediaries of one form or another. My first contact with each of the communities was mediated by an emissary. All program work with the seniors themselves was mediated and conducted by the Health Centre staff within each community. My role was as a facilitator working with Health

Centre staff. In some respects this situation of inaccessibility tends to confuse the issue around who is "the subject". In this project this could be seen in one of two ways: It could be argued that there were really two subject groups--the Health Centre staff with whom I worked directly and the elders with whom I worked indirectly. Alternatively, it could be argued that there was really only one subject group, the elders, with whom both the Health Centre staff and I worked cooperatively. What is presented in this paper is a documentation of my work with the Health Centre staff. It is my belief, that had the project continued, or were it to run again, that I had established sufficient rapport with each community that I would be able to work more directly with the elders in conjunction with the Health Centre staff.

CHAPTER 4

> *Commissioners were struck by the fact that many of the insights of traditional values and practices echo those at the leading edge of new scientific ideas on the determinants of health and well-being. We believe that there is, at the meeting point of these two great traditions--the Aboriginal and the bio-medical--real hope for enhanced health among Aboriginal people and, indeed, enhanced health for the human race (Royal Commission on Aboriginal Peoples, 1996, Vol. 3, p. 202).*

Program Process and Learnings

The approval to convene an Elders Talking Circle was received in mid-October 1996. The report to ALCCOA (Active Living Coordinating Centre for Older Adults) and the Steering Committee on the results and recommendations from that Talking Circle was submitted on December 10, 1996. The approval to proceed with a pilot study came a little more than a week later on December 18, 1996. There was a break over Christmas and my first meeting with my emissary, one of the Elders from the Winnipeg Talking Circle, was January 7, 1997. I had until March 31, 1997 to submit the final report.

The Elders Talking Circle

A Talking Circle is a meeting where open discussion takes place, ideas are shared, agreements made, and advise given. There are no tables, just chairs arranged in a circle. At the Talking Circle no one took notes because the entire meeting was tape recorded (see Appendix A). A flip chart was provided in case there was a need for visual clarification or demonstration. The setting in this case was a conference room in a large conference facility in downtown Winnipeg that was casual and comfortable.

It was essential to convene a Talking Circle because I needed the advice of the Elders in order to know how to proceed. I needed their help and guidance and their blessing. I knew that if I was going to work with First Nations communities, I needed to go to the Elders first. That is the way that First Nations people themselves proceed on important issues and programs (Mercredi & Turpel, 1993).

I chose the Kumik Elders Lodge, Indian and Northern Affairs, Ottawa as my sole source. Kumik Lodge is responsible for the Elders of all First Nations people throughout Canada. Louise McGreggor provided a list of a number of Elders from across Canada with phone numbers where they could be reached. Every contact was called but many were unavailable, others were not able to fit this meeting into their already busy schedules, and for others it was too short a notice to change their plans. As Louise and I conferred over the course of the next week, she recommended that I keep the number of Elders to four or five so that honouraria could be offered.

From the list of possible Elders to invite I developed a confirmed list of four that had also verbally agreed to a taped session. Permission and an explanation of why they were agreeing to the taped session was reiterated in Winnipeg and is found on page 204 of the transcript (Appendix A). There would be one from Nova Scotia, one from Ontario, one from Manitoba, and one from the Northwest Territories. A fifth native person who had previously indicated an interest in working with First Nations seniors was invited from Alberta when no other Elder was available. As it turned out, he was bestowed the honour of "Elder" by the Elders at our Talking Circle. A young native girl from western Alberta who was in Winnipeg for the Beyond 2000 Home Care Conference also asked if she could sit in on the circle and the Elders welcomed her. Including Ms. McGreggor from Kumik Lodge and myself, we totalled eight.

To further expedite the process I was granted permission to piggyback my Talking Circle onto the Canadian Home Care Conference that was ready to go in Winnipeg and which had its own Aboriginal component. Coordinating the plans with the Canadian Home Care Conference made many of the organizational details go much more smoothly. Winnipeg was an ideal location because of its relatively central geographic location.

The first two weeks involved phoning, faxing, e-mailing, writing letters, making and confirming details--airfares, hotel accommodation, coordinating with the Canadian

Home Care Conference, arranging for tape recording equipment, preparing the gifts for the Elders and always keeping the lines of communication with everyone open and clear.

Being unsure of protocols, I again contacted Kumik Lodge for Ms. McGreggor's help. She gave very precise instructions and indications of all that would be expected of me by the Elders. I was instructed to have "flags" (Mercredi & Turpel (1993) refer to these as "prayer flags") for each of the Elders, as well as tobacco. "As part of some sweat ceremonies, those who participate present tobacco or cloth to the Elders, and when they make these presentations they also ask for some kind of guidance, assistance or prayer on behalf of themselves or others" (p. 41). The flags were to be cotton, one-meter square, not hemmed and folded into approximately twenty-centimeter squares so that no edges showed. There was to be a red, a white, a yellow and a black one tied with the same coloured ribbon for each Elder. I did not understand this part of the instruction correctly; and therefore, I prepared only one full set for the eldest Elder, who I hoped would preside over the Talking Circle. For each of the others I had only one flag. This was a mistake. I was also advised that it was customary to have a small gift for each Elder and, of course, tobacco for each as well as a daily honourarium. The tobacco could have been in the form of cigarettes, but I chose pouch tobacco. I was unsure of what to have for gifts so I chose practical things like warm socks and scarves. All of these items were subsequently given to each Elder privately during a quiet moment after they had arrived at the hotel in Winnipeg. When I presented my gifts to the eldest Elder I asked him if he would please preside over the Talking Circle, which he agreed to do.

Due to the difficulty of room bookings at the conference Centre, our meeting was not scheduled to begin until the afternoon of the first day. This time delay turned out quite well. The eldest Elder asked that I arrange to have a simple lunch of a variety of sandwiches brought to his room at the hotel at noon at which time we were all invited to join him. Had our Circle been able to convene at an early morning hour I am not sure how the prayer ceremony would have evolved. As it was, by starting after lunch we also had time to attend the Aboriginal component of the Home Care Conference that was being presented in the morning.

During lunch an official prayer ceremony was held to ask the Creator to "bless our meeting" and "bring clarity to our hearts and unity to our purpose". Guidance was needed so that we would be a strong team and so that a good result would come and we could bring the most important things to the seniors out in the communities. The ceremony was conducted partly in Cree, partly in English. Not being aware that I should have worn a skirt, I arrived in slacks. I think Louise's instructions had omitted this detail because she had not expected that I would have been invited to such a ceremony. Nevertheless, one of the female Elders there loaned me one of her skirts to put on. She was firm in her direction to me, but not scolding, and I appreciated being able to participate at all. Much later during the Talking Circle she once again reminded me of the importance of a skirt.

The Meeting. After lunch we went directly to our meeting room at the Conference Centre two or three blocks away where tape recording equipment had been provided. During the course of the Talking Circle I came to understand why they were permitting me the honour of recording our session. Often, it was explained to me, Elders do not like to be recorded. These Elders made an exception. *"As we work with technology,...my perception always is, if the young people can learn from it, I'll do it. I'll tape myself; I'll video myself for the purpose of educating the young ones...Because I came across some material that was made in the Smithsonian in DC, Washington that was already taped in 1907. And through that tape I heard the Elder say, for the purpose exactly what I 'm saying. And when I heard that already the Elders see that our culture was dying out. The only way they can store something is either have somebody record or tape – whatever"* (Appendix A, p. 204).

The Talking Circle turned out to be the pivotal piece in the whole study. It was the foundation for everything that followed. It gave direction about how to move forward with the next phase of the study as well as permission to do so. Furthermore, it gave me insights into this extraordinary culture that I would otherwise not have had. And most importantly, it built my confidence that indeed I too was on the right path.

In short, this Talking Circle was an extraordinarily positive experience for everyone present. The Elders were patient and wise teachers, freely sharing their wisdom, values, concerns, and information about their culture. They gave very specific instructions and directions about how to "gain entry" into First Nations communities, the protocols to be followed, insights into cultural differences that I should be aware of when working with different First Nations communities and, specific issues and concerns that are facing First Nations seniors.

With the exception of the Elders from Manitoba and Ontario, none of the members of the Circle had met prior to this. After preliminary introductions and a review and clarification of the background related to the study, the Elders clarified some important vocabulary issues they had. In no uncertain terms, they were specific about how they wanted to be referred to. *"Strike the word "reserve"...we reserve the right not to be called reserves. (Unanimous agreement)"* (Appendix A, p. 188)[19]and *"put First Nations"*. Their firm yet gentle guidance prevailed throughout the two days interspersed with liberal amounts of humour and intense seriousness. Through stories and traditional teachings the strategies and recommendations unfolded.

The Talking Circle opened with a request for guidance on how to approach First Nations communities. That we would be working with seniors and that we would target their level of physical activity were the only aspects that could not be changed and, of course, my time constraint, which they were all shocked and alarmed about. *"How can you have a project that only runs three months?...In three months you may not even have contact with five or ten elders in the community to be able to participate in the program"* (Appendix A, p. 172). *"You have to tell the people that you're working for that you're incredulous. That you're astounded, that you're overwhelmed by the fact that they think they can pull something like this off in three months. It speaks to a lack of commitment and a lack of knowledge of our culture, of our morés, and of what's required to really connect with our people"* (Appendix A, p. 217). Other than those details, no other parameter had been set. From the outset, I was clear that I would be the student, they the teachers. Working together, I would facilitate the process but they would direct. The content and order was up to them. The Elders were very pleased that funding was being provided to help First Nations seniors. It was a "first" as far as any of them knew, that a program was being established exclusively for First Nations seniors. At the time of this

Talking Circle it had not yet been decided which communities would be approached to participate. I hoped that would become evident as the meeting unfolded. The possibility was still quite real that the study could have been spread throughout all of Canada. Because my Elder group was itself diverse and represented almost every corner of Canada, they were able to give me advice that would be effective across a wide spectrum.

It is important to note that the Elders did discuss urban and rural environments with me and gave me directions on how to proceed in both. As discussion proceeded it became clear that we would not have time, money, or human resources to do both. As the time constraints of the study added more pressure it was clear that we would have to choose one direction or the other. Discussion with the Elders further clarified the scope of the project and led to the decision to focus our efforts on rural communities. Enormous amounts of time would have been needed to locate seniors in the urban environment, and then more time would have been needed to find suitable space for them to meet. Time was precious and the decision to work with rural communities proved to be the best use of our time and therefore increased our likelihood of success.

The Elders gathered at the Talking Circle guided the laying out of a clear plan for gaining entry into the First Nations communities. In their quiet, respectful way they explained that the "white" approach to problems tended to be too linear, often resulting in the building of ivory towers, triangles and boxes. In contrast, the Native view and approach is a more circular one, grounded in the symbol of the Medicine Wheel, signifying the Circle of Life. The Elders explained that the First Nations' belief is that elders, as they complete the Circle of Life, come once again to the starting place of the child. It is natural then that elders work with young children in their communities. This is a direction that the Elders in Winnipeg strongly believed that First Nations communities would eventually move.

The Talking Circle opened by stressing the importance of the initial contact and first meetings with each community. Initially I was to stay in the background and let my emissary do the work of going to the community first to set a date for a meeting. One of the tasks of the emissary would be to build interest in the community. *"If you don't have the contact or the understanding from the group of people that you are going to be* *working with initially, then you pretty much aren't going to go anywhere in three months. That's why the initial contact is so important"* (Appendix A, p. 178).

I then asked about the qualities I needed in my emissary. The Elders explained that the person would need to be someone respected by the elders of the community and therefore also known in the community. The person could be male or female and of any age but should be able to speak the traditional language of the community. They should also be a good speaker and be able to motivate the elders that he or she would be speaking to. The emissary should also have a strong commitment to the elders, the traditional ways, and to the project and also be able to act as a strong bridge between the traditional and modern worlds. Last, but not least, the emissary would need to have good rapport with me.

Then what about me? What guidance could I be given that would help me get past the fact that I was just one more white researcher invading First Nations communities? *"Put your tobacco down and ask...and make sure you are not on your time [menstruating]...and make sure you have a skirt too to do your ceremony"* (Appendix A, p. 182). *"Ask for the kind of person you are looking for. Be specific"* (Appendix A, p. 182). They made it clear that these were not just instructions for white people. *"We all have to do that" (*Appendix A, p. 182*).* There were more specific instructions too. I had to say my prayers and then approach the elders with respect and patience. *"You have to have within yourself the capacity to respect each one of them with that differences"* (Appendix A, p. 183). *"If the elders see it there, then the door is open for you. But if they see that it is lacking, even if you have the prayers and all of the other things, then you'll get nowhere. That's the way it works"* (p. 184). I was also forewarned that I might need an interpreter in some communities, an interpreter who could speak and write in both languages.

To open or initiate the project in each community, the Elders recommended that a feast be held--just for the elders of the community. They were unanimous in their agreement that it is just for the elders, not the whole community. I was reminded that transportation would be needed for each elder. The emissary would be expected to invite everyone and not to give too many clues as to what it was all about, keeping it a bit mysterious. It was to be billed as a feast in their honour because we needed to get some information from them. *"Create an interest in the community"* (Appendix A, p. 175). *"A feast...will be the tilling of the soil in that particular community, and if there's no fertile soil there well then you might have to move on"* (Appendix A, p.178). At the feast the emissary could introduce the project and me. Once at the feast I might be able to talk to the elders directly or let my emissary do the talking; it would all depend on the community. It was also suggested that I be prepared to open the feast up to the elders of neighbouring communities, that the elders might ask. Depending on the community the emissary would do most of the talking and I would stay in the background.

At the presentation or discussion that follows the food part of the feast the Elders in Winnipeg stressed that my emissary, or I should appeal to the sense of responsibility that the elders of the community have to themselves and future generations. All of the Elders in Winnipeg were adamant about reminding the elders of all First Nations communities in Canada of their role and obligation to future generations. *"Find out from the elders how much they want to see this project going so that they can have a better benefit, not only for them, but for the next generation of elders that are coming after them. To have good planning, how are you going to do it? And then you go on to the next stage, the third generation that is coming of elders. What kind of plan do we have for them? You don't talk just only for them right now. It's for the future"* (Appendix A, p. 175). And then, *"ask them, what is their role and responsibility for looking after themselves? What do they do"* (Appendix A, p. 173)?

The elders, I was told, need to be reminded that they are powerful and strong and have good knowledge. It needs to be stressed to them that if they are not disabled they can look after themselves and furthermore they have a further responsibility to their communities--to keep the community strong and "clean". *"You have to be the best you can be so that you can teach me, you can teach my children, my grandchildren to come"* (Appendix A, p. 261).

Other lessons the Elders provided at the Talking Circle helped increase my knowledge and understanding of the First Nations culture, background, history, and philosophy. These lessons are the foundation for the answers to most of the research questions. One in particular elaborated on the Circle of Life and its relationship to a "whole" wellness strategy for all First Nations people--their communities, their families and to the individual members. Such a strategy puts the elders at the Centre of these concentric circles. Interwoven throughout the Circle of Life are lessons on personal development, traditional healing, social, health, and cultural development. These lessons are grounded in the basic life skills that all First Nations people are taught--listening, learning, responsibility, and respect.

My teachers then went on to elaborate on some of the realities facing First Nations seniors. *Many of them are not busy. Many of them are imprisoned in their homes... house bound"* (Appendix A, p. 198). They find the cities frightening and unfriendly places that are confusing and bewildering. Many do not know English or how to use a phone or elevator or take a taxi. Many have had no contact with modern society at all. *"They have spent all of their life living in the north, on trap lines and hunting and fishing. All of a sudden their body starts to go on them and they need help only they can't stay in their community"* because their community does not have the services they need (Appendix A, p. 198-199). *"They have so much fear"* (Appendix A, p. 199). *"A lot of these elders too get abused, very badly abused by either their family, their own children, their grandchildren, or they get abused by other people, other community members. Some of them get robbed, some of them get sexually abused..."* (Appendix A, p.199).

First Nations elders need the help and support that is built into the Circle of Life (See Appendix A, p. 202). They have had to overcome many obstacles--residential schools, alcohol, drugs, and abuse. There is a lot of healing that needs to happen for them and a rebuilding of a strong, confident identity. Those who are on the healing path must provide the encouragement and leadership for those who have not yet found their way to the path. This is where the traditional ways can help. In the process there also needs to be an understanding grow within the white medical community of the enormity of the illness, both literal and figurative that face these seniors.

Healthy First Nations elders, it was explained to me, are living a traditional life. They are living independently at subsistence levels hauling wood and water and hunting for meat. These are familiar, comfortable conditions that are keeping some First Nations seniors healthy and loving life. The question was asked, "*what is the difference between those that haul wood a mile and a half or two miles and the those that stay in their homes?*" (Appendix A, p. 210) The Elders had some ideas. One of the Elders said, "*the elders that have balance in their lives, balance between the physical, the mental, the emotional, the spiritual that is where you see the healthy people*" (Appendix A, p. 211). Still another Elder answered that it was a matter of energy for life. "*The differences are with the elder that has so much energy, spirit energy....It has a lot to do with how they love life. When you love life there is no such thing in this world that can ever take away that life....When you love life mind, body, spirit, emotion; emotion controls whatever destiny you take in your life*" (Appendix A, p. 213). Still another Elder answered the question with the word "attitude". "*I'd rather do it myself*" (Appendix A, p. 237) -- let those who can live independently, live independently.

Where does the healing start? The Elders taught me about First Nations traditions, ceremonies, the drum, songs, dances, the rebuilding of family ties, and helping elders to help themselves. The Elders wanted me to know about the many issues relevant to First Nations seniors: 1) Deplorable living conditions with which the elders themselves are not happy, 2) the lack of extended care facilities within First Nations communities, 3) the lack of Health Care facilities of any kind in many First Nations communities, 4) the white perception of rural and urban Indians, and 5) the decline of family and traditional values. All of these valid concerns are having a serious impact on the health of all First Nations people. The Elders see the opportunity that this study offers as a positive step.

The Talking Circle was truly a remarkable experience of sharing. I was aware, more than ever, of the responsibility they had entrusted to me. "*And that's so, I'm just so, like happy that you're here Researcher. Because we've been, like, the community really needs an improvement for elders. And I tell you something, is that, where the elders are really going to thank you in the end for what you are doing for them, because finally something is coming for them. Because they have been left out for years and years. It's just about fifty years they've been left out now. Since our people have become educated*" (Appendix A. p. 198).

The Project

Project Start-Up: During the three-to-four months that the pilot project ran (from January to April 1997), I attended some 45 to 50 meetings with the various participating communities (see Appendix B – Project Chronology). Initial meetings revolved around the planning and design of each community's activity program. The efforts at this juncture were in clarifying objectives and determining the specific needs of the seniors and possible ways of meeting those needs. As each community determined just how they would be involved, the level of my involvement with them became clearer. Early on, all of the Communities were doubtful and hesitant, fearful of "not doing it right". Constant and steady support was important. It was an important time for me to demonstrate my trustworthiness and reliability. Eventually I spent more time with those communities (Paul Band and Alexis) who were able to get right into the running of an activity program. I spent slightly less time with the communities that were focusing their efforts on developing actual meeting space for their seniors.

The meetings through the middle period of the study provided the opportunity for Health staff and me to get feedback on the progress being made. It was an opportunity to applaud their efforts, add encouragement for the next session and bring some humour. As we cycled through several debrief sessions, I was aware that the Health Centre staff shifted from fear to a kind of excitement as they began to notice the differences in the ease of movement and the mental attitudes of their program participants. My sense was that they were beginning to see and enjoy their elders in a different way. Gradually each community needed less of my involvement. It was also during this time that I felt that the confidence and enthusiasm of the Health staff were growing; the staff became more open, talkative and enthusiastic. My input became primarily supportive and less a source of guidance and direction. During this phase I was also aware that the Health staff's level of discomfort with me as an outsider was diminishing. There was considerably more sharing of personal feelings and experiences both as they related to the activity program, the events within their community, and on a more personal level. It was during this time I felt I gained considerable insight into this complex and varied culture and the magnitude of the problems, both health and otherwise, that they were facing.

Through the last period of the study the meetings began the process of evaluation, tying up loose ends, and bringing the program to a close. I spent time listening to and recording what Health Centre staff had to say about the program, reactions the elders themselves had to the program, as reported through the Health Centre staff, and to Health staff wishes and hopes for the future of the program.

Over and above my meetings with the participating Communities, were the planning and preparation of the training workshop and later the AFLCA Level One certification training. These events required booking of facilities, preparation of handouts and workshop materials, as well as coordination and conveyance of ongoing information and logistics to each community. In addition, I had regular communication with the project funders and coordinators in Ottawa.

The overall purpose of the program was to initiate a community-based process for improving the physical activity levels among seniors of rural First Nations communities within Alberta and, in so doing, take steps towards improving the overall health and functional independence of those seniors. There were six main objectives that evolved as a result of the Elders Talking Circle that built on the objectives established by the project design team in Ottawa:

1. To increase awareness and understanding among First Nations seniors that sedentary living poses a significant health risk.
2. To provide leadership development opportunities within First Nations communities in order to deliver effective active living/physical activity programs to sedentary and frail older adults.
3. To offer pilot active living initiatives to determine successful models and approaches to adopting and maintaining regular physical activity participation among First Nations elderly.
4. To offer a broad range of physical activity opportunities for the sedentary and less active members of First Nations communities.
5. To identify and address the barriers that individual First Nations seniors experience and the means by which different First Nations communities

overcome those barriers and obstacles in order to promote participation among their elderly.

6. To take whatever steps may be necessary to ensure a sustainable future for the program in the pilot study communities and ultimately all First Nations communities.

Of all the communities that participated, only Paul Band First Nation actually did the physical activity work involved. To the best of their ability they offered the program in a participatory style that was a tribute to the leadership and vision at the Health Centre.

The other communities that participated are part of a much larger political organization; as a group they form the Yellowhead Tribal Council (YTC). As individual communities they range across the spectrum according to the financial resources available to them, as well as the varying degrees of commitment to traditional First Nations practices and lifestyles. At one extreme there is a very wealthy community in very close proximity to a major urban Centre. Seniors in this community spend winters in Mexico. At the other extreme is a considerably poorer community financially, living in a remote mountain area. There are seniors in this community who still live in cabins without running water or electricity and who hunt wild game for food. Working within such a political framework made the process of engaging in the study much slower and more laborious. There are advantages to all of these communities for being a part of this political arrangement, especially for the poorer communities. One of the best advantages is that the poorer communities have access to health and education programs that they would not be able to afford on their own. The wealthier communities also have access to these health and education programs as well as a reminder of their cultural traditions. It will not be a focus of this paper to deal with these political entanglements. It is simply important to understand that there is a difference between communities who choose to stand-alone and those who choose to pool their resources into political alliances. In the case of this particular study, the greater progress was made by the independent community.

With the Elders' advice and lessons as my framework, I set out to not only meet the expectations of ALCCOA and the New Horizons project but more importantly, the expectations and tasks laid out by the Elders in Winnipeg. Due to funding limitations and time constraints, the study was limited to communities within Alberta. My emissary was one of the Elders from the Winnipeg Talking Circle. This turned out to be a great advantage. He had been party to what had transpired in Winnipeg, which saved time. As an employee of the Native Health Care Commission of Alberta he was also familiar with all the communities throughout Alberta and consequently streamlined the initial contact process very neatly. With making only three phone calls, he had nine communities interested in participating: Alexander First Nation, a Cree community located approximately 60 km north and west of Edmonton; Alexis, a Stony First Nation community located approximately 100 km west of Edmonton; Enoch, a Cree First Nation community located right on the western edge of Edmonton; O'Chiese, a Salteaux First Nation community; and Sunchild, a Cree First Nation community. As a group these five communities form the Yellowhead Tribal Council (YTC).

O'Chiese and Sunchild First Nations are located approximately 50 km west of Rocky Mountain House in central Alberta and share a boundary. For many years they have also shared a school and Health Centre. With self-government looming for them, they are now in the process of separating. This separation process occupies a great deal of their time, energy, and financial resources. Through all this change, they are also trying to maintain all existing health programs and to bring their programs in general up to par with other First Nations communities in Alberta.

The other communities that were interested in participating were Paul Band, a Stony/Cree community on the east end of Lake Wabamun, approximately 60 km west of Edmonton and three Stony communities approximately 60 km west of Calgary at Morley. These three communities, Chiniki, Bearspaw, and Wesley form the Stony Alliance. As time began to add pressure, only six communities (Alexander, Alexis, Enoch, O'Chiese, Sunchild and Paul) were able to make a commitment to the project. Due to internal community politics that came to a head after we were well into the planning process, Alexander First Nation was unable to continue their participation in the program. The funding commitment that had been made to them at the beginning of the process is being held in trust for them by the Yellowhead Tribal Council Health Program.

As per the advice of the Elders at the Talking Circle and my subsequent proposal to the Steering Committee providing the funding for the project, each community was given the go ahead to formulate their own plans to achieve the overall project objectives. I served as facilitator. In keeping both with the promise made at the Talking Circle and with the Action Research methodology, the needs of each community that agreed to participate were to be met in any way the community felt they could best be achieved.

The initiation phase of this program occurred in four parts. In part one the Health Directors and I were introduced to each other and discussed the opportunity that I had to offer them. Part two included my first meeting with the women that would become the program coordinators. Part three was my meetings with the next level of participants, the actual health workers from each community. At Paul Band this included the Health Centre staff. Among the YTC communities this included the Health Directors from two of the communities and the Community Health Representatives (CHRs) from the other three communities. Part four of the initiation phase, and the last part, was the introductory training that was offered to all of the communities.

Part One -- My first introductory meeting was arranged by my emissary and was held January 15, 1997 with the Health Director for YTC, the YTC Rehabilitation Coordinator, and the Nurse responsible for Health Education for YTC. Along with my emissary, we met in a hotel restaurant in Edmonton. I had prepared a written summary of my project, which I gave to the Health Director making it clear that she could pass it on to the Chief and Council if she needed to. It outlined the project background to date, the goals and objectives (see p. 70), and the health benefits that the program would bring to the communities. The benefits to the community included that: 1) knowledge that physical activity is protective against heart disease, some forms of cancer, respiratory conditions, and offers some degree of control over numerous chronic health problems such as arthritis, diabetes, and osteoporosis; 2) knowledge that a more active lifestyle has also proven to enhance quality of life; 3) understanding that older adults who are physically active have reported a reduction in aches and pains, better sleeping patterns, feelings of greater energy, and improved appetites; 4) proof from other studies that there is also an improvement in mental function when seniors are more active; and 5) awareness that activity may be considered the "best medicine" to enhance both quality and quantity of life. In addition to these benefits there were some general economic benefits that were also outlined: 1) The growing evidence that an active lifestyle can prolong independence by increasing strength, flexibility, and aerobic power, thus reducing the need for Homecare or extended care; 2) that in some instances, the potential physiological gains are equivalent to 10 - 20 years decrease in biological age; and 3) that employers have reported improved work productivity, less absenteeism, and fewer Workers Compensation claims. In addition to these benefits there was a brief breakdown of the broad general steps of the project. The purpose of this information sheet was to act as a starting point. I made it clear right at the beginning, and several more times throughout the initial meeting, and then again during subsequent meetings, that they could change the process in any way they chose. The only two factors that could not be changed were that it must be a program for their elderly community members (they were free to set the lower age limit) and that it was to be a physical activity program with the objective of increasing one or more of either strength, flexibility, and aerobic capacity.

My initial introductory meeting with the Paul Band Health Director and the woman who eventually became the program coordinator was held two days later. The same information package was provided. My emissary attended this meeting as well. It too was held in a hotel restaurant on the western outskirts of Edmonton.

I explained to both groups, the vision and direction that I had been given by the Elders in Winnipeg, and the suggestion from the Elders that each community start with a feast. Everyone's reaction was positive. Like the Elders in Winnipeg, these community health leaders applauded the fact that there was finally some funding being provided for the elders.

These first meetings lasted between one and two hours. As the meetings came to a close, the Health Directors invited me to meet again with the individuals who were now the program coordinators. I asked that when we met again the program coordinators start discussing the program within their communities with the idea of recruiting activity leaders. I made it clear that if communities chose, they could use some of their funding to pay a salary for a program coordinator of instructor and training would be provided as well. We decided that we would discuss this at more length at our next meeting.

Part Two -- The follow-up meeting with the program coordinators. These were much more relaxed meetings where we took the time to get to know each other on a more personal level. Throughout the course of the next three months I would come to know these women at a much deeper level and grow in my respect and esteem for them. These women are deeply committed to their people and to helping them heal. They work very long hours with very little thanks. They are multi-talented and extremely resourceful. I have nothing but the highest regard for them.

At the follow-up meeting I provided them with a list of agenda items that they in turn could take back to their communities to help coordinate their own community effort.[20] It was this same list that I used as the basis of my meeting agenda when I met with the Health Centre (care) staff from each community.

It was at this point that I asked my emissary and the YTC nurse to review the evaluation tools (see Appendix C) and to give me feedback as to their relevance and adaptability to First Nations seniors. I also wanted to know that if we needed to translate the questionnaires into Cree that it would be possible. They reported back that they thought the questionnaires were fine and yes, they could be translated quite easily without losing their meaning. We would later find out that the questionnaires had much more serious flaws.

Part Three -- The meeting with community health staff followed shortly on the heels of the meetings with the program coordinators. Things were moving very fast, perhaps too fast. By February 1, 1997, just two weeks into the project, I had held ten meetings and I was pushing these communities to be committed to running the program. All of the communities had posted bulletins in their communities offering a part-time job as Activity Coordinator for a seniors' activity program. There were no applicants in any of the communities. Once again the health staff would take up the slack and fit yet one more program into their busy day.

Part Four -- The introductory training workshop was held Saturday, February 1, 1997, at the Lions Seniors Centre in north Edmonton. Twelve attended of the thirty who had pre-registered for the workshop. A binder of materials was provided for each participant including an excerpt on "Staff Roles" from Maria Fiatarone's *Fit For Your Life Exercise Program*. This is a fitness program developed for the elderly by the Fit For Your Life Research Studies Centre at the Harvard Medical School in Boston. The binder also included information on exercising safely, proper breathing techniques, planning and teaching fitness classes, and games that work well in exercise classes. There was also some information on simple equipment ideas that could be adapted using things commonly found around the house. There was another section in the binder that had articles on a variety of related subjects: benefits of exercising, benefits of strength training, and short motivational-type quotes that could be adapted into wall posters. The last section of the binder included enlargements of diagrams illustrating the proper techniques for doing some of the exercises.

The workshop opened with an introduction by Dr. O'Brien Cousins who presented an overview of aging and the role of physical activity in healthy aging. A cultural theme was woven into the presentations with the goal to foster Aboriginal identity with their more traditional patterns of active living (fishing, trapping, hunting, dancing, etc.). A creative community empowerment approach to active living was advocated as preferential to "white man's exercises". In addition to slides showing active older people (Asian, Hispanic, Blacks, and Native Americans), there was some anecdotal success stories of local seniors who had improved strength, flexibility, and cardio-respiratory capacities. The message was that active living in any culture could have an impact on daily lives.

In an open discussion that followed Dr. Cousins' presentation, the women who attended were very reticent to engage in any kind of brainstorming of activity ideas for their elderly community members. Both Dr. Cousins and I wondered if activities of a more traditional nature might be more appealing. After some discussion, activities such as musical chairs, scavenger hunts with a somewhat traditional bent, stationary bicycling in front of the TV, breathing exercises, and the making of weights with rocks or sand in plastic bleach bottles were offered by the group. When asked if they had any questions, they wanted to know where they could get some of the little hand weights that Dr. Cousins had brought for demonstration purposes.

Then the participants were asked what types of health problems were typical barriers to being more active among their senior populations. Responses included being too sick now to do things, no companionship, no money, and no time. Discussion about possible responses to these barriers was more enthusiastic. One participant suggested that the seniors be encouraged to reflect back on "the good ol' days" to get them away from the focus on the "poor me" attitude of today. Other suggestions included developing a "buddy system". In answer to the "no time" barrier, it was suggested that it could be pointed out that they have 24 hours of "discretionary time" and that even the housework they do is considered being active. They were all in agreement that work needed to be done on changing attitudes and habits about being more physically active. It was pointed out that this was a problem not only for seniors but for mid-lifers too – which they all agreed with. Only one of the participants at the workshop engaged in any type of exercise herself.

The afternoon was a full participation activity program put on by a certified leader of older adult activity programs. The workshop participants were exposed to a variety of exercises suitable for older adults. The instructor emphasized how activities may be adapted to suit the very frail or those with physical or mental disabilities. Everyone who attended found the workshop both useful and fun. For most of them it was the first exercise they had done in many years. Subsequently there were several inquiries regarding procedures related to leadership certification. On the basis of these inquiries and the commitment made by many of the communities, the project sponsored two members from each of the five communities plus two members of the YTC Health Office to attend the Alberta Fitness Leadership Certification Association (AFLCA) Basic Theory program that was offered April 19 and 20, 1997, in Edmonton. There were abuses of the generosity of the program related to attending of the AFLCA course, but of those who did attend, two or three did go on to be certified. Certification itself became an onerous task for many. The AFLCA certification testers would not go out to the First Nation communities to observe the activity programs. Instructors from First Nation communities were expected to go into the city and run a class with strangers if they wanted to get certified. This was more than most of them were willing to do.

Program Activities: The diversity in approaches, schedules, and activities between participating communities stems from the qualitative nature of the Action Research approach employed by the study. The needs, realities, and experiences of the individual participating members and their communities have been the defining factors for determining each step along the way. The Action Research approach is an ever-evolving process utilizing extensive discussion and collaboration among individual community members and the program facilitator in an effort to devise an approach that is best suited to the community's needs. I was extensively involved in this process with each community. Follow-up discussions, evaluation, and adaptation were regular and essential aspects in the process in order to arrive at the community's desired result.

Many times the process seemed slow and laborious, but it was allowed to evolve in its own way. This approach created an atmosphere of enthusiasm and trust among the targeted elder subjects. Furthermore, such an approach fit well into the First Nations system of values and beliefs about time, sharing, and respect. Tasks were not rushed. We would not have succeeded otherwise. An attitude of respect and reflection was allowed to prevail. Slowly, gently, respectfully, the elders have been encouraged and supported in their efforts to take more responsibility for their own health.

Time and the Action Research process of letting each community move at their own speed and in their own direction have proven to be critical determinants in the evolution of this study. The demands of this government-funded project imposed very tight time constraints to which the First Nations communities, for the most part, were unable to conform. While the project essentially failed to achieve the results targeted by the objectives, because of lack of time, the First Nations communities were committed to the process. Their difficulty in conforming to the narrow timelines of the study was also in part a function of the already heavy loads of the Health Centre staff. Based on their previous experience with white researchers and government initiatives "aimed at their best interests", they were hesitant to go blindly charging into a "new" program. They were also hesitant to move through the program faster than their seniors were ready to go.

More progress was made in some communities than in others. As mentioned, each of the communities started the program with the traditional feast. I was invited to attend two of those feasts, one at Paul Band First Nation, the other at Enoch. They were quite different from one another. After the feasts at Paul Band, I addressed the group of about 30 seniors that attended and was grilled quite extensively by several men. Mostly they challenged me because I was white. They were quite sure I knew nothing about their situation. I was honest with them and told them they were right and that I hoped to learn a lot. I also said that I was looking forward to working with them all.

At the Enoch feast, the seniors of the community were invited along with their family members. At this feast the food was the priority, and only traditional dishes were served. I was introduced before the food was served, and I gave a brief presentation about the program. I offered to answer questions, but none were forthcoming. My presentation was followed by a pipe ceremony.

The feasts themselves were held in the tradition of the individual communities. In some communities, the elders themselves prepared the food; others hired cooks; and at some, the community members prepared the food. Contrary to usual practice, the elders were not paid to attend at any of the communities. Transportation, as always, was an issue. For the most part, Health Centre staff picked up those who were unable to get to the feast on their own; when possible, the Health Centre van was used. Some communities passed tobacco after the meals; others did not.

Some communities, like Enoch, held preliminary meetings with their elders, even before the initial feast, to brief them on the program and to get their ideas about the kinds of activities they would like to do. Others, like the Paul Band, used their first activity session for this purpose. Suggestions from the elders regarding the activities that they would like to do included things like walking and swimming (although there was some reluctance expressed about being seen in a bathing suit). Dancing was a popular suggestion, as was interaction with youth such as teaching the young children how to snare a rabbit (where there were rabbits to be found). Bingo was well received, as were trips to nearby malls, trips to nearby museums, botanical gardens, and other cultural Centres. One community even wanted to organize a trip for the elders to Albuquerque to the big international powwow. They spoke about fund-raising activities like walk-a-thons, and craft and bake sales. Only Enoch community had the elders themselves directly involved in the coordination of the program. For the most part, it was the Health Centre staff who assumed this responsibility. This was the primary cause of the delay and difficulty with getting the program up and running. Existing Health Centre staff have too full a plate to be able to take on additional programs that are introduced three quarters of the way through their program year.

Facilities in which to do things with their seniors was a problem for most of the communities. For the most part, the Health Centre was the usual place to meet. In the new Health Centres there is usually a large enough room to meet in and do an exercise class. In the older Health Centres, however, space is a real problem. In these cases the local school was used when possible; although most of the senior activity programs were run in the morning or afternoons when schools were in session. When weather permitted, walking out doors was possible; though care needed to be taken if it was icy. Communities close to Edmonton could make use of large malls for walking programs, but this was not possible for O'Chiese or Sunchild First Nations.

All of the communities used the opportunity of having their elders together to conduct other health or education programs as well, It was never just an exercise program. Health information lectures relating to immunization and smoking were presented and often nutritional seminars as well. Paul Band used the opportunity to have the elders together to cook them a nutritious, low cost meal and afterward, a copy of the recipe was handed out for them to take home.

Several of the communities felt that some sort of liability waiver or doctors' permission to participate should be obtained from the elders. I introduced them to the Physical Activity Readiness (PAR-Q) questionnaire and they had their elders complete them.

Paul Band ran their elders' activity program for six weeks and then had their second feast. At the outset of the program, 14 elders showed initial interest, six of who became "regulars" and attended 100 per cent of the time. Paul Band ran their program two days per week, Tuesdays and Thursdays, starting around noon or 1:00 p.m., depending on the planned activity. The Health Centre staff shared the responsibility of the program, working in pairs, having responsibility for alternating weeks. This turned out to be a very effective system considering that everyone already had a very full work schedule. This system allowed everyone to be involved in the program without anyone having to have the whole program as an extra work responsibility. The program coordinator took care of the administrative details like transportation, the organizing of the feasts, and the procuring of supplies that might be needed for any particular session. With the staff working in pairs there was extra energy that went into the planning of each session which made for a better program for the seniors. That the seniors enjoyed the program was very evident at the closing feast. Activities included calisthenics, programs to improve range of motion, strength and flexibility; mall walking, which meant that the elders had to be transported into the nearest urban Centre, Spruce Grove; dancing, including traditional, square and jigs; indoor relay-type games; and a particular favourite was the relaxation exercises that became the closing feature of each day's events.

The Alexis elder activity program was initiated by a feast held on February 11, 1997. Of the twenty-two elders that attended, 14 participated and indicated that they would be interested in joining on a regular basis; however, only two actually did participate on the days that the program ran. As it turned out, of the eight Tuesdays between the beginning of the program and the end of March, there were only two or three that actually became activity days. All the others were canceled due to other community events, such as four funerals, which all the elders attended, and a major flu that infected many of the elders. The activity days were held in conjunction with the activities run by their 16-bed Elders' Lodge. Activities that had been planned for the elders included walking and exercise sessions, outings to museums and other nearby cultural Centres, trips to a nearby lake, and a wiener roast.

One of the quickest positive results experienced by the program involved one of the diabetic elders. This individual was a nursing home resident suffering from poor circulation and, as a result, was having difficulty walking. After only a few exercise sessions (that were run in the nursing home over and above the activities of this program), her circulation improved and she was walking more easily. She was so pleased with the results that she volunteered to help with a future walking program that was planned for the rest of the diabetics in the community.

The Enoch community named their program MAMAWO SISAWEWIN (pronounced MĂ-MĂ-WŌ/ SĬ-SĂ-WĀY-WĬN). It means "participAction" in Cree. The task of coordinating this program initiative was assumed by the existing Elder Program Coordinator who works in conjunction with the Community Health Representative (CHR). The Elder Program Coordinator is 70 years old and she is a shining example of a healthy, active senior. The Enoch Community elders are already a well-motivated group and have been impatient for the program to be up and running. They have lots of good ideas about activities that they would like to do including walking, swimming, and trips to the city malls and local cultural attractions. Enoch's program, though it does not exclude anyone, concentrates on its members over the age of 60. The younger seniors tend to be too busy with jobs outside their homes or are looking after their grandchildren. Their initial feast was held February 19, 1997, in the basement of the community's Catholic Church. Thirty elders attended, 22 over the age of 65. Although the program was slow in getting started, it reached out to other areas of the community. The YTC nurse who had attended the introductory training workshop took it upon herself to run a chair-exercise program for a mixed age group of 20 diabetics. It was a resounding success. Members of the Aboriginal Wellness Program run by the Capital Health Authority in Edmonton attended as observers and as a result have expressed interest in establishing a chair exercise program as a regular aspect of their own program. They found it to be a simple, easy, effective way of involving severely disabled diabetics in an exercise program. Another result of the introduction of the program to the community has been that the Chief and Council approved the expenditure of money to renovate an old building in the community to be used as a seniors' Drop-In Centre. Prior to this, the elders had no facility in which they could meet, for any purpose. Funds have also been allocated for the purchase of some capital equipment for the seniors, including a stationary bike, a treadmill, lightweights, and therabands.

Evaluation Process: In addition to the ongoing process of evaluation that occurred at each meeting, there was to have been a more formal evaluation using a battery of Questionnaires. In anticipation of a possible language barrier, I had my emissary and the YTC nurse, both natives, review the entire package before administering the assessment. If wording was a problem, we were prepared to adapt the tools so that they would be more understandable or translatable. Both of my reviewers indicated that there was no problem with any of the wording. If translation were going to be required, it would be possible. My reviewers underestimated the elders' perception of content inappropriateness and the offense that would be taken to some of the questions. We also missed the fact that some of the subtle nuances of the English version would be lost in the translation. Many of the elders found the questions very repetitive when translated.

Originally all of the communities were to have included the questionnaires in their programs. Paul, Alexis, and Enoch did start, but the reaction from the elders was so strong that Enoch and Alexis decided to abandon the questionnaires. Paul Band elders returned seven of the 20 they were given. Because of the objections of the elders , the process was abandoned in this community as well.

The general feedback that I received from all three communities can be summarized succinctly and concisely: too long, too confusing, too repetitious, and too personal (embarrassing). For example, from the Vitality Scale, many of the women were very reluctant to reveal personal information regarding constipation. These are private matters that First Nation elderly will not even discuss with a doctor, let alone one of their own children or one of the community health staff. In the public setting of this questionnaire, even when they were assured of anonymity, it was out of the question. Although I had been forewarned by the Elders in Winnipeg about this kind of privacy, I had forgotten. *"....I told my mom, I said, 'you have to take your shirt out, just your shirt, nothing open'. I told that doctor, I said, 'don't, I said I don't want her to take everything off'. I said, ' she won't like that'. So she was sitting there and then we were, the doctor was getting us to ask her questions, you know. So we'd ask her questions, I would tell the doctor. We would take turns me and Margie, so one of the questions that she was asked was, she* [the doctor] *said, ask her, 'when was the last time she had intercourse'? Margie* *said, 'you ask her, she's your momma'. And I said, 'you ask her, you're the escort'. And I kept wondering how am I going to ask my mom? This is such a delicate question and that's what I told that doctor. I said, 'this is a very delicate question'. I said, 'we never ever ask our elders that question'....* " (Appendix A, p. 252-253). Another member at the Talking Circle confirmed, "*... they're really private*" ... "*you have to learn to ask another way...so that it doesn't offend people*" (Appendix A, p. 253).

From the Functional Fitness Scale, questions about whether they could go shopping for an hour, spend lengthy time in malls, or run for a bus seemed highly irrelevant. For communities close to urban Centres, malls, sidewalks and buses may be a more common experience for the elders who get into the city more often. This is not the case for the majority of the First Nations rural elderly in this study. Virtually none of the communities I have worked with have sidewalks; some have only one paved road. Gravel is the norm. They have no paved driveways or even sidewalks from their front doors to the road. The isolation that some elders experience is further exacerbated in that most do not have telephones. The Locus of Control section of the questionnaire made no reference to anything other than the white medical model. Many First Nations elderly still rely on "traditional" health practices such as sweat lodges and traditional medicines.

The evaluation did not go as originally planned. Originally the plan was to administer the questionnaire at the outset, sometime between mid- to late-January. With all the delays in getting the program initiated, the original time line proved to be too optimistic. The pre-tests were not administered until late February and early March. Because of the reaction to the pre-test, none of the communities even attempted a post-test. I did not ask if I could return weeks after the completion of the program to administer more questions about longer term changes the elders may have experienced. In discussions with Health Centre staff from Paul Band, one of the improvements suggested was that percentages be left out completely. For example, questions should be phrased, "how many times a day do you...?" Rather than, "what percentage of time do you spend doing...?"

On a more positive note, I received some positive anecdotal data after only three weeks of participation in the program. One story from the Alexis community came from the adult daughter of a participant who was in her late 70s. She told me that her mother, who did not usually go to bed until 1:00 or 2:00 a.m., because she could not get to sleep until then, on activity days was going to bed at 8:00 or 8:30 in the evening and sleeping soundly until 7:00 or 7:30 a.m. It is these kinds of results that hold much more promise of a valid evaluation.

The elders from Paul Band had comments too. "I always sleep really well the night before." "It has brought me out of my grieving; you have given me something to live for." "Afterwards, I feel like I could play bingo all night." "I don't play bingo very much anymore, I just really look forward to getting together with everyone." "You have made me very happy. You have got me out doing things." "I have had a lot of fun. I wish we could get together more often."

Closing Feasts: The end of the study was to be celebrated with another feast, much like the first. The idea was a very popular one. There were two. Paul Band held theirs on April 17, 1997. The second was sponsored by YTC on May 23, 1997 who matched the money provided by this study to help defray the costs.

The Paul Band feast was a huge success, held at the Ironhead Golf Course Clubhouse on a lovely, warm, sunny, spring day. Traditional dancing with community singers/drummers was part of the festivities, as was old-time music for country dancing such as jigs, the butterfly, and square dancing. Even the regular exercise program was included as a part of the celebration with stretching and some light calisthenics done to a strong marching beat. Although it was held on a Thursday afternoon, family members of the elders including children, grand children, and great grandchildren attended to celebrate with them. Every effort was made to provide all the favourite traditional foods. It was an amazing smorgasbord of wild game, fish, bannock, pemmican, biscuits, and a few vegetables. The feast was indeed great fun and a huge success. The Health Centre staff presented a certificate of participation and gifts of a blanket and tobacco to the six elders who attended every session. There were tears of joy and sadness. The joy was at having had such a good winter being connected to old friends and of having had so much fun. When the younger participants were jigging, one of the very elderly on-lookers pulled me down by the sleeve so she could whisper to me with a real smile in her voice, "when I was a young girl I used to dance just like that". The sadness came from fear that the program might end. These elderly women had really enjoyed the program. Assurances were made that every effort would be made to try to have the program continue, although it was also pointed out that there would have to be funding alternatives.

The "grand splash", as the CHRs began to refer to it, that was planned for the YTC communities was set for a Friday night in late May. The seniors from all five communities were invited, as well as interested community members from any other communities. Though the feast was for all YTC communities, in reality it was too far for Sunchild and O'Chiese to come. To my knowledge Sunchild and O'Chiese never did have a wind-up feast. Posters were made through the YTC budget and distributed to as many nearby communities as was possible. This party was not limited to seniors, rather it was advertised as a spring celebration. There was an admission charge of $3.00, though the seniors were admitted free of charge.

The celebration had many purposes. First and foremost it celebrated the arrival of spring. Secondly it acclaimed the new program's success and promoted its continuance. And third, the feast provided the opportunity for friends to be together after a long, cold, hard winter.

This YTC feast was a very different celebration from the one that Paul Band had. It was held in a community hall far from any urban Centre on a Friday night and admission was charged. There was a live local First Nation band that played rock and roll music as well as music for square dancing. A light lunch was available from the kitchen that YTC staff had purchased. There were very few of the oldest elders present and except for two or three square dances of two groups of eight, there was little participation. There were two or three similarities to the Paul Band feast. Transportation was provided for all the disabled elders who needed a ride and all ages were present.

The Wind-Up, I hoped, would only be the end of the beginning, and I am uncertain as to its success in this regard. Only time will tell. Right now the communities are pleased with their efforts and the future looks promising for the continuation of the program. But priorities can change and commitments can be forgotten. As it stands right now, Paul

Band Health staff are in the process of preparing a proposal for their Chief and Council for approval of funding through the Band finances for the program's continuation. The Enoch community has their Seniors' Drop-In Centre but are not using it because they do not feel the Centre is secure enough. Right now all the equipment is up in the brand new Health Centre, which is a lovely, bright, new facility with good security. O'Chiese and Sunchild have made a commitment to their seniors; now all they need is the funding and the staff to make it work. Alexis plans on continuing the program as a part of the Lodge activity program.

CHAPTER 5

> *To be truly effective, Aboriginal health and healing systems must attend to the spiritual, emotional and social aspects of physical health problems and to the physical health aspects of spiritual, emotional and social problems...A holistic approach requires that problem solving be comprehensive, co-ordinated and integrated, and that services be flexible enough to respond to the complexity of human needs (Royal Commission Report on Aboriginal Peoples, 1996, Vol. 3, p.226).*

Outcomes and Discussion

Outcomes

Although there is very little direct reference in the literature to the importance or role of physical activity as it pertains specifically to the life and health of First Nations elderly, there is ample evidence supporting its role and importance for other, non-native populations. At the same time, while there is considerable documentation on the deplorable state of the health of First Nations populations in general, there is only scant reference specifically to the health of the Native elderly. In the literature, solutions offered for the improvement of Native health are broad ranging and typically holistic in nature. Seldom does a solution have applicability in only one realm. Given the holistic model, philosophy, and approach to living that is dominant in the First Nations culture, I have assumed that references that support this study's results culturally and traditionally in social and communal health respects, also have a corresponding impact on the mental, physical, emotional, and spiritual dimensions of Native individuals, including those aspects of physical health that would lead an individual to be more physically active.

Question One: **What steps are first nations rural communities able to take in order to get their elderly members more physically active?**

This study has demonstrated that First Nations communities are willing and able to take the necessary steps to get their elderly members more physically active. The communities involved in this study were successful in three broad areas, all of which demonstrate an awareness and ability to help improve the health status of their elderly members. Furthermore, these initiatives were culturally appropriate and designed and delivered in the spirit of promoting community responsibility, autonomy, and local control. This approach is both promoted and supported in the literature (Castellano, 1986; Armstrong-Esther, 1994; Royal Commission on Aboriginal Peoples, 1996) and by the Elders at the Talking Circle in Winnipeg (see Appendix A).

First, the communities involved in this study took personal and collective responsibility for the success of this program. This is significant for the elders because as Armstrong-Esther (1994) points out, "the mental, emotional and spiritual health of Native seniors may be affected by a perception that they do not have adequate family or community structures in place to allow them to be more self-reliant or self-actualized. Hence, one of the most critical problems facing the Native elderly may not be 'medical health issues' but rather the loss of continuity in their lives" (p.45). Community efforts to provide programs for the elderly such as those reflected in this study demonstrate that both support and structures are in place and that the elders have not been forgotten.

The Elders in Winnipeg directed that each community involved in the project program be given the autonomy to develop the program to suit the unique needs of the individual communities. This was allowed to happen and it was interesting to observe the different community approaches. Some rallied and put a strong effort together for the sake of the elders, although they sacrificed or ignored the importance of their own development in the process. Paul Band for instance, had a strong effort by their staff but did not take advantage of the training opportunities that were offered. Enoch, on the other hand, gave the development of the program over to the elders themselves. As a result of this study, the seniors approached the Chief and Council to get support for the establishment of a seniors' Drop-In Centre. However, the elders felt they could not "do" anything until the Drop-In Centre was ready, and it was not going to be ready until two months after the close of the research study. This community is right on the western edge of the City of Edmonton and it may be that they "do" more in the city; but I have my doubts, especially for the older seniors.

Alexis First Nation already had an activity program going at their Seniors Home, but nonresidents were not invited. As a result of this study, the activity program was opened up to all members of the community over the age of 50 and a more vigorous exercise component was added. Insufficient personnel was a problem in this community. The nursing home activities had not been offered more broadly because of the strain it was felt it would put on the Home staff. Through the vehicle of this study, this community decided to use the funds provided by the project to hire a program coordinator. Furthermore, it was realized that having more able-bodied participants in the program was a help to Home staff rather than a hindrance. Staffing is still at bare minimum levels, which does sometimes cause problems. I was there one day to meet with the program coordinator, as we had previously arranged. I found her answering phones at the Health Centre. She had been pulled away from her programming duties because there was such a bad flu going around the community, she was needed as the receptionist. She had her granddaughter with her who was home sick from school because of the flu. I ended up answering phones for her for almost an hour while she performed other tasks. We conducted our meeting there at the reception desk after she returned; the interruptions continued. I left feeling unsure of just how much the program had accomplished that day. Clearly the communities involved in this study did all they could under trying circumstances to ensure a positive and beneficial program for their seniors.

The Royal Commission Report on Aboriginal Peoples' volume on health, Volume 3 (1996) addresses the importance of personal responsibility for health and the importance of personal health choices, "personal health choices matter,...we can all make a difference to our future health status by stopping smoking, reducing alcohol intake, eating properly, exercising regularly and so on" (p. 221). The Report goes on to add however, "In the Aboriginal view, collective responsibility is also significant. Many speakers told us that solving health and social problems must become the responsibility of Aboriginal people taking action together, and that individual self-care must be matched by community self-care" (pp. 221-222). In the Royal Commission's final Volume (5), in which its recommendations are revisited, the Commissioners speak to the importance of community responsibility. "Our recommendations focus on engaging Aboriginal people in the design, management and restructuring of services to make them more accessible and appropriate" (p. 13). The communities engaged in this study were diligent in the care that they took to ensure that the activities planned for their elders were of a nature, duration, and intensity that the elders could both manage and enjoy.

At the Talking Circle in Winnipeg one of the Elders felt strongly about the importance of communities developing their own programs for the elders, *"Elders' program, it's got to be developed.... we should have developed all of these programs fifty years ago. Continued on from centuries ago, continuing on this way"* (Appendix A, p.215). Still another told a poignant story of a community that turned itself around by taking back responsibility for itself and its programs and the strong role the elders played (see Appendix A, p. 227).

At a time when Canada's First Nations people are struggling for political and cultural autonomy, the First Nations communities involved in this study have demonstrated their willingness and determination to take responsibility for their lives, including their health, and the health of their weakest and most vulnerable members. Jackson and his colleagues (1982) applaud such action and suggest that communities must take responsibility for the setting of goals, design, management, delivery, and results of all their programs--that they must assume control of the process of knowing and acting--if they are to turn their circumstances around.

Second, the First Nations communities involved in this study rekindled the spark of tradition specifically as it relates to the role and status of the elders within their communities. This was accomplished through the practice of traditional feasts held in honour, and to honour, the elders and through the provision of special meeting facilities, (like seniors' drop-in centres) for their elders which previously had not existed. This remembering of the importance of the elders is one of the primary recommendations made the Elders at the Talking Circle in Winnipeg. Evidence in the literature also supports it. Frideres (1994) bemoans the fact that First Nations elderly are experiencing a double jeopardy--forgotten by their own people and Canadian society. Hohn (1986) emphasized the importance of preserving and protecting First Nations culture and adds "encouraging older Natives to pass on their cultural heritage needs to be emphasized" (p. 27). This study has demonstrated that communities are both willing and able to take responsibility to see that this happens.

The Elders at the Talking Circle in Winnipeg spent a great deal of time explaining the importance of traditional teachings, traditional culture, and the role of elders in this aspect of First Nations life.

> *We can't do it by ourselves [get back to the traditional ways]. We gotta be a team. And that's what the elders know. A lot of elders know this. But it's been put away to sleep right now because nobody is wanting to listening to them. Once we say, this is what we want to go back to, I tell you, motivation, oh, everybody will be involved. The whole community, to the little children are going to get involved. That's what we want to work towards (Appendix A, p. 215).*

For more in-depth information related to the importance of traditional life to the health and well-being of First Nations people and communities, refer to Appendix A (pp. 255-262).

The Royal Commission Report on Aboriginal Peoples suggests that there are many benefits that can and will come from this one step. By reintroducing or helping elders to reclaim their status in the community, Native authorities suggest that there will be a consequent positive benefit to elder self-esteem, a reduction in the isolation of elders, and a reclaiming of responsibility by the elders for their own personal health. The positive affects of these changes will be consequently felt in the rest of the community.

An elder's voice is heard on this subject in the Royal Commission Report, Volume 1 (1996). Merle Beedie, an elder...confirmed from her own experience that reclaiming traditions was a source of self-confidence and self-esteem,

> When I talk about the changing attitudes of some--the evidence is already happening in our communities, changing the attitudes about what we want to do just by us following the Anishnabe road. Some of us are beginning to realize what good people we are. I'm becoming a better person because I'm following some of our traditional values. As we learn more and more of these things we become stronger and stronger (p. 654).

The Commission goes on to build hope for the future, "We see a strong link between cultural healing as part of nation building..." (Volume 2, Part One, p. 328).

> Commissioners were struck by the fact that many of the insights of traditional values and practices echo those at the leading edge of new scientific ideas on the determinants of health and well-being. We believe that there is, at the meeting point of these two great traditions--the Aboriginal and the bio-medical--real hope for enhanced health among Aboriginal people and, indeed, enhanced health for the human race (Volume 3, p. 202).

As Frideres (1994) explains, "Elders have been and are increasingly part of efforts to renew and heal Aboriginal individuals, families and communities" (p. 34).

Third, some of the communities involved in this study provided an excellent exercise program for the elders of their community that specifically targeted their physical health and ability to be more functionally independent. Exercises targeted flexibility, strength, and heart health. In addition to physical activity, the programs included a nutritional aspect where information was given related to healthy eating based on the Canada Food Guide and a nutritious meal was served. Social and cultural events and outings were also offered. The focus of the programs was prevention and health promotion. The elders that participated were eager, willing, and enthusiastic participants who enjoyed themselves and encouraged the program's continuation for the following year.

Not only were the programs themselves excellent, but the way in which they were conceived was also important. Health Centre staff consulted with the elders to find out what kinds of programs they wanted. This effort is important to acknowledge because it is an essential step that must be taken in anticipation of the eventual transfer of responsibility for the program design and implementation to the elders themselves, which is an ultimate goal in the effort of rebuilding community strength.

The Health Canada (1997) Final Report on the Aboriginal Seniors Information Project emphasizes the importance of this process in one of its recommendations. In their survey of First Nations communities across Canada, elders that were interviewed said they wanted to "connect" with people directly. The Final Report recommended that personal connection be considered during the designing of strategies for information dissemination and health promotion within, and for, Native communities.

The Elders in Winnipeg raised the same point, *"ask them how can we make your life better for you, or help you to have a better quality of life? Normally it's young people who are deciding what's best for older people and now you are going to the people who know what's best for them"* (Appendix A, p. 224). Later on in the Talking Circle the issue of elders taking responsibility for themselves was raised again.

> *We should start giving the elders responsibility to take devolution's of all their own program. Run the program themselves. We shouldn't have to do it for them. If there's elders programs in the community they should run everything. If they feel that they have to be in everything in the community let them. Don't stop them; let them take that responsibility. So that they can learn to have that pride,*

> *they can learn to have all the gifts. Part of traditional healing is pride. How can we live without that pride? You got to start giving that back to them to the elders, they can be proud of who they are. Like my brother say, a lot of them can do things on their own yet, let them do those things on their own* (Appendix A, p. 266).

Simple, easy, and practical exercises as a means of improving physical strength and functional independence are a good first step in developing the whole individual.

Strain & Chappell (1989) report that elders are more likely to require assistance in the activities of daily living such as using telephones, grocery shopping, preparing meals, doing household tasks, dressing/undressing, eating, and walking. Frideres (1994) also suggests that programming should not just involve activities that are isolated from the rest of the community but should also include community events so that elders are brought back into their community's life. In addition, he suggests that the Native elderly need, and should be provided, services common to all aging Canadians as well as any specific services that are needed to meet their unique cultural conditions.

One of the other important aspects of the programs provided by the communities in this study, and that was emphasized by the Elders Talking Circle (see Appendix A), is the provision of transportation for elders to and from the program and other events within the community. Frideres' (1994) report on Native elderly reports that vehicular transportation is a major problem for many First Nations seniors. The Elders at the Talking Circle confirmed this, *"Bring the elders, and you have to have transportation too"* (Appendix A, p. 173). The Health Centre staff involved in this program were cognizant of the problem and planned well ahead in order to have the Band van available to bring the elders to the program.

These were the three main areas of success of the study. But there are also other areas where improvements could be made that are well within the capabilities of First Nations communities. In the future, First Nations communities need to provide more services for seniors like Home Care. The Elders at the Talking Circle had strong opinions related to this and emphasized that the focus should be on providing help that allows maximum independence. There are several references to this issue; one example will serve to demonstrate.

> *You need a commitment from the communities to not do things for the seniors, but to keep an eye on the seniors. Take the initiative to go and ask, to check in on them, make sure they are all right, make sure they haven't fallen. Ask if they need help with anything and just on a drop in kind of basis rather then automatically assume you cannot do it by yourself. (Agreement from the group)* (Appendix A, p. 238).

Armstrong-Esther (1994) reports, "The available literature shows a strong desire for independence on the part of the elderly" (p. 44). Her report also indicates that Native elderly are uncertain about living in nursing homes, even if they are within the community and even if their own homes are substandard.

Another area where more could be done by First Nations communities is in facilitating access to traditional healers and in promoting traditional values. Both of these areas are closely tied to the second point above. They would serve to give both depth and breadth to what has already been accomplished. I refer you to Appendix A (pp. 211-215) for further insights from the Elders point of view.

One last area where more could be done by First Nations communities for their elderly, that would help to get them more physically active and would improve their social, emotional, and mental health is to develop programs for the seniors that would enable them to work and interact with children more. Elders could be involved in school programs and help to teach Native languages, traditions, customs, tell stories, and teach traditional games and crafts.

The final word belongs to one of the Elders from the Talking Circle, *Now we're talking about the elders. What do they like? You use your own vision yourself. Someday* *you'll be up there as an elder, what would you want? What would you like to see"* (Appendix A, p. 203)?

Question Two: **Who in the community will have the most influence in getting the elderly to be more physically active?**

This study has demonstrated who does have the most influence in getting the elderly to be more physically active--the Health Centre staff. Beyond this study there is very little information about this issue in the literature or provided by the Elders at the Talking Circle.

Bienvenue & Havens (1986) in their study of the conditions of daily living for Native elderly in rural Manitoba indicate that Native elderly rely almost exclusively on informal networks of family and friends in the community for any assistance they may need. Frideres (1994) suggests that with the higher incidence of disability and the consequent need for formal assistance, that perhaps professional health care workers may be in the best position to help. Castellano (1993), a Mohawk Native, suggests that perhaps Participatory Researchers are in a position to help. "Evidence is accumulating that identifies access points for community change, setting priorities for development, integrating interventions with various sectors of community life, and applying results of laboratory and survey research, Participatory Research methods have an important contribution to make in research aimed at development" (p. 53).

Family members may have some influence, but it would only be on a small scale. There were mixed views on the subject from the Elders at the Talking Circle. One Elder felt that a great deal of the responsibility should fall onto the family.

> *It's teaching, it's in their community and the people in the family and stuff, how can you reduce the stressors that your parent is living with right now, your elder, your grandmother or your grandfather so that they can be healthy?...You need to ask your grandmother, your "kookum", to go for a walk when you get home from*

> *school because she's been sitting in there all day with those babies and go and take her for a walk* (Appendix A, p. 197).

Still another Elder suggested that outside help may need to be brought in. *"There's got to be a relationship again developed and nurtured* [within families]. *Maybe there has to be third party people allowed to come in to bring the young ones and the grandmothers and grandfathers together again"* (Appendix A, p. 200). There are several references to family violence in the literature and by the Elders in Winnipeg. Clearly the safety of elders is not assured in their homes. To strongly assert that all families take a leading responsibility for the elders may be folly.

Question Three: **What obstacles prevent the elderly in first nations communities from being more physically active?**

There is almost nothing in the literature relative to the obstacles to physical activity for Native elderly. There are however three broad thematic areas relevant to the obstacles to health for Aboriginal people in general and occasionally the elderly are mentioned specifically. By continuing with the Native holistic model, it is possible to extrapolate what is known about the obstacles to health for the population generally to predictions for the elderly. Such an exercise is useful in gaining insight into Native culture and in providing glimpses of their historical background that can lead to a better understanding of the all-round situation of the Native elderly. The Elders at the Talking Circle in Winnipeg provided some insights, as did the health staff from the communities involved in the project.

The number one obstacle, identified unanimously by all sources, is the predominance of other, more pressing health issues (Alberta Health, 1995; Armstrong-Esther, 1994; Castellano, 1986; Driedger & Chappell, 1987; Frideres, 1994; Health Canada, 1997; Hohn, 1986; Labillois, 1994; National Forum on Health, 1997; Ontario Advisory Council on Senior Citizens, 1993; Royal Commission on Aboriginal Peoples, 1996; Ryan & Robinson, 1990; Scott, 1998). Some of these "other" issues include: inadequate housing, including lack of sanitation systems and poor water quality; isolation, within their own communities and from larger urban centres; poor diet and nutrition; poverty; lack of access to adequate medical assistance; violence; substance abuse; and, low levels of education. The list goes on.

A few examples will serve to illustrate. The state of housing is a predominant theme. Hohn, (1986) explains exactly what this means, "inadequate housing means inadequate in number to meet demand, overcrowded, poorly insulated and constructed, and lacking water and sanitation systems" (p. 28). She goes on to elaborate,

> Although the proportion of on-reserve houses in Canada with electricity is approaching national levels, those with water and sewage facilities lag far behind. The lack of services is more pronounced on rural and remote reserves, were in 1977 fewer than 40 percent of houses had running water, sewage disposal and indoor plumbing facilities compared to more than 60 percent of all Canadian rural houses (p. 23).

Labillois (1994) writes, "there is no funding for senior citizens' homes on reserves or research into what their needs might be" (p.15). Alberta Health reports, "Aboriginal communities located in remote areas of the province often do not have good enough housing, clean water, or healthy sewer systems" (p. 2). The Royal Commission Report on Aboriginal Peoples, Volume 3, (1996) identifies housing, or "the adequacy of the built environment", as one of three dimensions of community health that is of concern to First Nations people. They suggest the magnitude of the problem is bigger than just housing but is reflected "primarily in reference to shelter, water and sanitation facilities, but extending to community infrastructure more broadly" (p. 166). Testimony from individuals to the Commission tell the story, "As of today, we still don't have any heating, nor water or sewer in our homes. [Last year] five children died [in one house fire] because they were trying to keep warm by an electric hotplate because there was no heating in their house" (p. 178).

The Elders at the Talking Circle saw the housing issue as one of safety and function. *"Many of them* [elders] *are not busy. Many of them are actually imprisoned in their homes"* (Appendix A, p. 198). At the Home Care Conference presentation that preceded the Talking Circle in Winnipeg, presentations were made that showed the run down and dilapidated condition of many reserve homes. Homes that had no front steps so that getting from the house to the ground was a jump of three feet or more. The Elders confirmed conditions such as these as common within many First Nations communities.

Isolation is another dominant theme identified by the Elders in Winnipeg and which is supported in the literature. The Elders in Winnipeg described this isolation in a couple of ways. The communities were isolating their elders *"because nobody is coming to them for the teachings...and they are stuck in that spot on the circle where they can't move on because they're not sharing. They're stagnating. And that's what happens and then that's where they get unhealthy"* (Appendix A, p. 211). On the other hand, isolation was also reflected in the conditions within rural communities, *"Once they do navigate enough to get down the stairs* [out the front door], *they come face to face with a slew of mud or silica roads and things like that"* (Appendix A, p. 170).

Winther et al. (1995) speaks to the isolation as it relates to access to recreational facilities and the high cost of transportation. Alberta Health (1995) confirms that "Some communities do not get a lot of services because of isolation.... Elderly residents require transportation services in order to do their grocery shopping and to help with their other daily activities" (pp. 30-31). Transportation to and from isolated reserves is costly and a major issue for all First Nations communities. In addition, "Very few communities have paved roads. Dust is a big health problem in summer. Other times of year, weather can make roads impassable, which is dangerous in an emergency" (Alberta Health, 1995, p. 33).

Health Canada (1997) reports, "Geographical and social remoteness also affect communication. Many Aboriginal seniors live in remote areas, more than 350 Kilometers from the nearest centre where services are available" (p. 3).

The second most important obstacle to health, identified in the literature for First Nations people, is the high rate of degenerative and chronic illness and disability, primarily attributed to many of the conditions and issues identified in the first obstacle. The dominant conditions referred to within this category include diabetes, arthritis, tuberculosis, coronary heart disease, and obesity. Also included in this list are such conditions as alcoholism and substance abuse. The Ontario Advisory Council on Senior Citizens (1993) suggests that alcoholism is "the single most destructive social and health issue for many Native communities. In some communities, the problem touches all age groups" (p. 42). In addition they further report that since 1989 tuberculosis among First Nations communities has risen by 21 percent while in the rest of Canada this disease has been virtually eradicated.

There is a lot of information in the literature on these health issues, their long term consequences, and their cost to society. The Royal Commission on Aboriginal Peoples (1996) reports that "80 percent of the available dollars are spent on managing chronic diseases and their complications" (p. 322). The Elders in Winnipeg, however, shed very little light on this particular area; perhaps because they are not in any way qualified medically to make such determinations. The Health Centre staff were equally quiet in this area although they did indicate that diabetes was an issue. However, there is so much in the literature related to this issue it is relevant to include some insights here. For purposes of illustration, I will elaborate on the most glaring issue, diabetes. I believe it is also one area where more physical activity could play a major role.

The literature reports that diabetes is at epidemic proportions in Aboriginal communities. A survey of Ontario First Nations communities revealed that 80 percent of seniors have diabetes (Health Canada, 1997, p. 2). "The most serious health problem facing native seniors is unquestionably diabetes" (Ontario Advisory Council on Senior Citizens, 1993, p. 42). In Ontario, the Council reports, it is estimated that diabetes affects 40-50 percent of all First Nations people over the age of 45 which is ten times the national average. It is estimated that in the rest of Canada it affects less than five percent of the population. Furthermore, other factors in the diabetes equation include stress and hypertension, which the Council adds is "believed by many medical experts to have the effect of speeding up or even triggering the onset of diabetes" (p. 46). While the cause of the epidemic spread of this disease among First Nations people is widely attributed to the rapid change in the native diet, other factors are also being debated. These factors include metabolic rate change leading to obesity, genetics, and declining activity levels.

The third dominant theme related to obstacles to healthy active living for Native people is the loss of traditional values and practices. The Elders in Winnipeg had many comments in this regard and the literature also sheds a great deal of light here.

To understand the impact of this issue one must understand the enormity of the implications. Traditions for First Nations people, as with all societies, includes, among other things, language, education, beliefs, music, grammar, teachings, ceremonies and rituals, family and community structures. For First Nations communities, where the holistic model of health is lived, tradition, and its loss, is linked to self-esteem, confidence, and other social and emotional issues. Understanding the impact of the loss of traditional values and practices from the point of view of loss adds to the understanding of it as a health issue. Norris (1994) explains that in order to gain a deeper understanding of First Nations elders and their health issues, "it helps to understand what Aboriginal elders have experienced" (p. 6). The Ontario Advisory Council on Senior Citizens enumerates some of these experiences, "injustices have included the depletion of traditional native resources and the establishment of reserves and residential schools; policies of forced assimilation which deliberately denigrated indigenous cultures and associations; and ultimately the replacement of native economic self-sufficiency with welfare dependency" (p. 16). Much later in their report the Advisory Council points out the effects of these losses on elder health and quality of life. "Many native people are unable to hunt and fish as they once did in the past. Most no longer farm or gather wood. Automobiles have increased mobility but resulted in less and less walking. As a result, many Native people live quite sedentary lifestyles with limited physical activity and have become affected with obesity" (p. 46). "Few native seniors alive today have not been influenced in some measure by the enormous impact of European culture colliding with their traditional way of life" (The Ontario Advisory Council, 1993, p. 16).

"As Aboriginal peoples have been forced to abandon the traditional subsistence lifestyle that kept people healthy through quality country foods and physical activity through hunting, levels of physical activity have declined, and traditional foods have disappeared" (National Forum on Health, 1997, p. 7). Ryan & Robinson (1990) in their work with northern Canadian Aboriginal communities comment that, "The effect of missionization and schooling have taught at least two generations of adults to denigrate themselves, their abilities, their strengths and their wisdom" (p. 62). One of the Elders in Winnipeg had a similar opinion, *"we're conditioned from the government to only think in this direction. We, as a people, are stuck in here. Because all laws, everything is given to us conditioned by the government, to follow the government. We go to school, we're conditioned to only train ourselves to what the government needs are, from us. They take control of everything we do."*[21] (Appendix A, p. 214). Castellano (1986) suggests that, "First Nations people have been conditioned to believe they are backward and to accept the judgements of administrators, clergy, teachers, doctors, and police, almost all of whom were educated representatives of mainstream Canadian society" (p. 52). Hohn (1986) points out that, "Although older Natives traditionally hold a position of high respect, there is concern that many factors are eroding their position of esteem and increasing cases of abuse" (p. 1). And yet Norris (1994) still believes that the traditional path is as relevant today as it ever was. He suggests that "it provides a way to true health" (p. 7).

The Ontario Advisory Council on Senior Citizens (1993) holds that the loss of traditional practices and ways of life and the imposition of the reserve system "are themselves the root cause of many of the health issues facing Aboriginal peoples today" (p. 42). The impact of these losses and the subsequent dependence that is fostered by government, and well learned by First Nations people, is noticeable today by the young people of First Nations communities, "because services had been delivered for Aboriginal people for so many years they had not learned how to service their own people". These are the words of a young participant in the Winther et al. (1995) study of physical activity and recreation and sports issues relevant to Canada's Aboriginal people. Winther's study provides some interesting insights into how physical activity is aligned with the traditional values and practices of First Nations people and, by extension, the impact of their loss.

> Before the coming of the Europeans, Aboriginal people lead very active and spiritual lives. The essential focus of life was on survival; fitness of the spirit, mind

> and body.... Summer festivals brought bands together; winter was a time for games and stories. What we call recreation today, was a large part of the everyday lives of Aboriginal people...Traditionally all aspects of life were integrated for Aboriginal people. Work, play, leisure and religion were interconnected.... Life was based on the need for fitness in order to survive; fitness of the body, mind and spirit...Aboriginal people led very physically active lives with many of their games and recreational activities relating to survival.... games and contests were not so much for recreation and entertainment but were in preparation for life, both physically and spiritually (pp. 22-23).

Winther and his colleagues (1995) indicated "Some concern was raised over the sedentary lifestyle many Aboriginal people have been forced to adopt. Where previously men and women remained physically active because of their involvement in hunting, fishing and trapping, few modern day Aboriginal people engage in these forms of physically demanding activities. The challenge is to provide alternate forms of physical activity which will allow people to maintain some level of fitness" (p. 59). The Elders in Winnipeg felt equally strongly and optimistic.

These then are three of the largest obstacles to health that have been identified in the literature. There are many more. As the health staff and the Elders in Winnipeg put it, the elders have lots of excuses for not being more physically active. Excuses that Health Centre staff identified were similar to excuses offered by non-Aboriginals; no time, no money, and nobody to do activities with. The Elders in Winnipeg suggested that these excuses are a reflection of a loss of balance in the lives of native elderly. That once balance is restored, attitudes, motivation and, consequently, health will improve.

The Winther et al (1995) study identified a lack of facilities and programs as another obstacle. In addition there were several comments by the participants in the study related to gender and ageism obstacles to physical activity. "There's not a lot [of programs] for women and there's nothing for seniors" (p. 175). "Schools take care of the children very well [with physical activity programs] and other activities cater to young adult males. The groups who seemed to be missed are seniors, women and older teenagers" (p. 159). "Domineering males control facility time and there is a lack of strong female leadership to counteract the problem" (p. 159).

Health staff involved in the study also mentioned the difficulty they had in conveying to the elderly in the community, the concepts of active living and its effects on the body, as obstacles. They found it difficult to convey these concepts simply enough so that the elders could understand them.

Question Four: **How can these obstacles be overcome?**

Just as there has been unanimous agreement on the obstacles to health, there is equal unanimity on the solution; restore traditional values and practices. The Elders in Winnipeg were unequivocal on this. It is the one area they all had strong feelings about and clear direction on. The Royal Commission on Aboriginal Peoples (1996) clarifies why this is so important.

> When Aboriginal people talk about returning to their traditions, the response of non-Aboriginal people is often incredulous, because they associate First Nations, Inuit and Métis cultures with buckskin, igloos and buffalo. It is not well known that being Aboriginal is a matter of mind, that the stories that teach Aboriginal people how to live with each other and with creation--how to be fully human--are loaded with symbols that transcend time and the particular circumstances in which they originated (Volume 1, p. 663).

The solution proposed by the Elders in Winnipeg is clearly laid out as a "Wellness Strategy" for elders and First Nations communities (see Appendix A, p. 257). This Wellness Strategy is based on the premise that the healing starts with a change in attitude and a rekindling of the "old" spirit in order to shift elders back to the "old ways". *"So when I talk about healing our people and healing our elders we've got to do that with our elders first, help them that way first. To get out all the dysfunctional things from them. Find out right from the start how do we do it. We talk to them first. I have ceremonies, traditional foods are really important, to heal our people, you have to have"* (Appendix A, p. 230). The Elders were firm in their conviction that once this Wellness Strategy was established and working that the healing of the elders would also be established and working and that elders would become more active physically, mentally, spiritually, and emotionally. The Elders were firm in the conviction that this healing was not an issue of money. *"You don't need to have money for everything"* Appendix A, p. 177). In addition, it was emphasized that it was important that the elders be reminded how strong and powerful they are.

The Wellness Strategy (Appendix A, pp. 255-258) laid out at the Talking Circle starts with work in the area referred to as, Personal Development. According to the Elders, the work in this area includes rebuilding of life skills, intention, trauma recovery, solving of problems like elder abuse and addictions, and prevention. This aspect of the strategy is directed at the level of the individual on the wheel of life and is aimed at healing the mind, body, and spirit. The second step in the Strategy is referred to as Traditional Healing and encompasses the basic fundamentals of life. The list of elements provided at the Talking Circle was not exhaustive but included things like awareness, illness, exercises, well-being, health care, traditional medicine, activities, taking responsibility, control, and pride. The third step in the Strategy addresses Social Health and includes things like community health, economic development, resource development, care of the environment, devolution, and transportation. Ways that healing in this area might impact the community would be in the form of new facilities such as a community recreation centre or a healing centre. It might also be reflected in the development of new programs that would involve the elders teaching. The forth step in the Strategy is called Cultural Development and includes things like sacred places, cross-cultural development, traditional laws, survival, harvesting, arts and crafts, traditional foods, songs, drumming, games, ceremonies, hunting, and trapping.

One of the goals of the Wellness Strategy is to rebuild respect for, and in, the elders and in so doing have them become more active in their communities in every way--spiritually, mentally, physically, and emotionally. *"Somehow get them to feel like this is something they'd like to get involved in, they'd feel that energized feeling to want to do this and see how they could develop something to help other, or younger people who will become older people some day"* (Appendix A, p. 210).

The Elders in Winnipeg recommended the development of new programs for the elders within communities; things like an "Elders' Day" (Appendix A, p. 260), or programs where elders could be teachers (Appendix A, p. 261). The Elders were very passionate about rebuilding their traditions within First Nations communities. I felt their passion, as they were adamant that I too respect and follow their traditional ways when I was working with First Nations communities (Appendix A, p. 182).

The ultimate goal of the Wellness Strategy is to have the elders take back responsibility for their own lives, their own programs, the community, and future generations. *"Our people are going to take ownership of what happens to their community. We want devolutions of everything. We are going to take control of everything that happens within our community structure..."* (Appendix A, p. 227). In order to accomplish this it is necessary that the elders grow in strength physically, mentally, and emotionally so that their self-esteem and confidence will return and they will have the will and the desire to accomplish what lies ahead.

A recurring theme throughout the Talking Circle was, "elders as role models". This theme was raised very early on in the proceedings. *"So that everyone can be like our brother.... We want to find out how he keeps himself to be where he is. So that we can follow his direction, follow him, to be walking on the same road with him"* (Appendix A, p. 175). And again in relation to elders as role models for healthy, working-aged members of the community. "Elders as role models" was present in several discussions about elders leading and working with their communities and the youth. *"In our communities when people get sick, our elders get sick"* (Appendix A, p. 227). Such a theme could well be capitalized on in the area of motivation for elders to adopt a more physically active lifestyle. In a similar vein, getting and staying fit and healthy could be linked to future generations. The Elders in Winnipeg stressed several times the responsibility of elders to future generations. Finally the theme of "elders as role models" was the last thing mentioned at the close of the Talking Circle, *"elders helping elders"* (Appendix A, p. 276).

The literature also adds to the support for the reinstatement of traditional values and practices. Ryan & Robinson (1990) suggest that what is needed are opportunities to build strength and confidence within community members, including elders, so that individuals can internalize the vision of themselves as "experts" in their own lives, their health, and their culture. The National Forum on Health (1997) points out that the loss of a traditional subsistence lifestyle, which at one time kept First Nations people healthy through vigorous physical activity, has been a major contributing factor to the health decline of Aboriginal people. And Scott (1998) says,

> A significant part of the Indigenous healing movement and its concomitant institutional developments is a strong resurgence of traditional health practices.... Included among these practices are spiritual and cultural rejuvenation, use of natural medicines, midwifery and the resurrection of traditional social codes.... But much work needs to be done toward achieving balance at an individual level, and between and within groups, as well as toward more holistic and preventive strategies of guarding health (p. 154).

As a further solution to improving elder health, physical activity has a significant role waiting for it in the area of diabetes control and management in First Nations communities. The National Health Forum acknowledges the need and importance of an urgent change in lifestyle within First Nations communities especially as it relates to the control and prevention of chronic health problems such as diabetes. It recommends "culturally relevant and culturally supportive approaches to the management of diabetes, and other chronic and infectious diseases that affect Aboriginal people..." (p. 8). Such programs could be provided at relatively low cost and require relatively little training.

The control and prevention of diabetes is definitely a role that physical activity can play in First Nations communities. The National Forum on Health (1997) reports that "the onset of diabetes in Aboriginal populations occurs at a younger age, is more intensive, and its complications, more severe" (p. 6). Not only do First Nations people suffer from more than one complication such as high blood pressure, heart disease or vision problems, but these complications start sooner in Aboriginal people. At the same time these risk factors are compounded in Aboriginal communities by high incidence of obesity, poor eating habits, and physical inactivity.

Still many other solutions are offered in the literature. Winther et al (1995) are the only ones to address physical activity, sports and recreation specifically, and they do not address physical activity for seniors. They do however suggest roles that seniors can play in supporting, mentoring, teaching, and promoting the young to be physically active. Winther's report points to some of the same problems in Canada's First Nations youth as have been identified in the elders; a lack of self-confidence and low self-esteem. Winther and his colleagues acknowledge the role that recreation programs can play in building feelings of self-worth and confidence. "The confidence an individual builds through participation in physical activity is transferred into different parts of his or her life" (p. 41).

Brant (1990), in his essay on the Native ethics and rules of behaviour, provides important insights into the values held by First Nations people. He is one of the first to point out that solutions designed to solve any problems in First Nations communities, including health problems, must be both fun and practical. This has important implications for the elderly who may have difficulty understanding more difficult and abstract concepts like active living.

Norris (1994), as leader of the Four Worlds Development Project, in his manual for health promotion of Aboriginal elders, proposes yet another model for promoting elder health. It too is a culturally-centred, community-based model that draws on "the strength of the culture, the symbols, metaphors, traditions, and spiritual core to create an overall context that supports and enhances well-being" (p. 13). This four-stage strategy is based on the premise of "addressing and transforming the conditions that give rise to sickness in the community" (p. 13). The four strategies that are suggested include: learning about elders and their situation, enabling elders to increase control over and improve their health, strengthening family support, and building a network of community support and services.

Yet other solutions proposed in the literature include the development and implementation of more programs and leadership training opportunities. Winther (1995) sees it this way, "People must be educated to the broader definition of recreation so they will find activities which appeal to them" (p. 177). More education of both elders and Health Centre staff is needed. Such education should be simple and practical and easily translatable. The Ontario Advisory Council on Senior Citizens (1993) explains that, "the absence of native words to describe certain medical conditions; differing conceptions of health and wellness; insecurities about modern medicine; and loss of control of health" (p. 49) all serve to emphasize the need for more education in very simple terms. They also discovered in their research that many of the frontline health care workers, often the CHRs have themselves "limited training and yet are expected to respond to a range of health care problems" (p. 51). Armstrong-Esther (1994) believes it is a matter of timing. He believes we need to start health programs for Native adults sooner, especially if such a small percentages of them reach 65.

Scott (1998) offers the most recent solution to the promotion of health for Aboriginal Canadians. This model is called the Health Determinants Framework and offer, Scott claims, a more congruent fit with the First Nations holistic philosophy. The Framework approaches health from economic, social, psychological, physical, and cultural standpoints and extends the focus on the individual to include the bigger picture that encompasses more broad-based institutions like government, education, the media, and big business. The physical forces that the framework addresses include nutrition, water quality, air and housing; all significant factors in the First Nations health situation.

"External players have a limited role in the promotion of strong healthy Indigenous groups because, consistently, Indigenous individuals and communities desire and adhere to healing and direction from within" (Scott, 1998, p. 151). Perhaps there is a role for participatory research in these situations. It can act as "a catalyst to stimulate awareness of common interests, to introduce communication techniques that facilitate analysis, and to provide information on organizational strategies" (Castellano, 1986, p. 53) all of which are useful in building community programs. The success of planning, designing, and implementing needed and useful programs will lead to the building of individual and personal esteem and confidence. The dominoes will begin to fall.

Discussion

Interpretation of the findings from this descriptive study should be examined within the parameters of its sizeable limitations. The program that this study is based on was hardly started before it was over. Despite all this, there were significant learnings gleaned, major progress made by the communities themselves, and important seeds sown for the future. This study was successful in finding some answers to the research questions. Are they complete answers? I don't think so. Did we even ask the right questions? Definitely not. I think there are much more fundamental questions that need to be answered first. Questions like: what do we (white researchers, and to some extent, younger Natives) need to know in order to help First Nation elders choose a more physically active lifestyle? Where must the healing of First Nations elders start? How can First Nations elders regain their physical, mental, spiritual, and emotional strength and vitality? Information that is missing here relates to things like understanding how elders conceive of health and what beliefs they have relevant to health. We don't even know if the elders themselves place any significant value on health. The research undertaken by this study put the cart ahead of the horse. There are some glaring issues that we as a research community intent on offering help must know, understand, and address about First Nations elders and their communities before we can make any significant positive impact on their health.

The discussion that follows will address four broad areas of reflection. The first will address the role of government and the infrastructure help that is still needed by First Nations communities. The second will discuss why we should care about First Nations elders health. The third will discuss a new conceptual model for health promotion for First Nations communities and the fourth will discuss successes relevant to the program objectives.

The Role of Government: Our Canadian First Nations people have considerably different values and approaches to their lives than the majority of Canadians. This is a fact that I don't think is widely acknowledged in the literature or in the approaches used by Governments to implement initiatives that are supposedly in the best interests of the Native people. In other respects, the First Nations health predicament has been studied ad nauseam, and still there seems to be no change. The Elders in Winnipeg are frustrated with this result. Governments continue to approach the health problems in the same old way even though there is no significant progress being made. Resources and programs that have been poured into First Nations communities to deal with the symptoms--alcohol, drug abuse, disease, housing, education, water quality are not working as they do nothing to alleviate the causes. It is true that First Nations communities welcome the opportunity to have more dollars come into their communities under any umbrella; there are many areas that need funding. But in working with Alberta's First Nations communities I have been struck by how hard they are working just to maintain the status quo in their overall health status.

The issues identified by the grant proposal that funded the study included: a decline in health, loss of functional capacity, dependence, and reduced quality of life among sedentary older adults in Aboriginal communities. The problem then, was to find ways of lowering functional decline and dependence among sedentary older adults in Aboriginal communities through education and the introduction of a more active lifestyle.

That functional decline and sedentary living are problems for the First Nations elderly is reflected in their health statistics, which was the stimulus for the study design. Notwithstanding the good intentions, historically for First Nations communities, there has been so much imposition of government agency "support" that as Mercredi & Turpel (1996) point out, "Some of our people have become [too] accustomed to having no responsibility for their lives [and] this is a tragedy" (p. 90). In the beginning this study was just one more imposition on First Nations people. The truth of this was brought home to me by one of the Health Directors who asked me why a Needs Assessment related to the elders had not been done first.

The Elders in Winnipeg had indicated to me that First Nations people were ready to take responsibility for their lives. Mercredi & Turpel (1996) also indicate that First Nations people are still willing to accept help, but they do not want it imposed (p.92). They want to be consulted and to be a part of designing their path to healing.

There is an urgent need for health programs for First Nations seniors. It is also easier to understand how and why the seniors would appear to have been forgotten. First, there are such urgent needs among the younger community members such as programs for alcohol and drug abuse, violence, suicide, fetal alcohol syndrome, and AIDS to name a few. Second, the seniors, at least right now, are a high-demand, labour-intensive group. Serving these needs would put an enormous strain on community resources that are already strained to the limit due to lack of manpower and financial resources. It is my belief however, that if the time and energy, and very little financial resources, were put into the elders now, that those elders would become very useful resources for their communities in, and for, the future.

Other issues that must be addressed include the need for more resources in general, more human resources specifically, and related training. The center of First Nations communities is their Health Centres. These Centres, without exception, are run by the women. They carry the onus for the health and well-being for the whole community. Most of the communities I have worked with had very limited resources -- human, physical, and capital. The Health Centre staff, who are not all native, are a dedicated, diligent, committed, and resourceful group of women who are stretched to the limit physically, mentally, and emotionally. As an outsider, I was struck by how a relatively few individuals work so hard for the good of so many. They have so much to contend with. They are in contact with every member of their community and must deal with every health-related problem of the community from the physical, mental and sexual abuses, addictions, allergies, injuries, suicides, and diseases. They are the critical resource of their community. They are on duty twenty-four hours a day, especially if they live in their community. It is a large, heavy load to carry. Yet despite this, these women are clearly committed to their communities and the people in their care.

One more observation. There was a lot of political wrangling that was evident in all of the First Nations communities that I worked with. It is not my intention now of passing any judgments, taking sides, or commenting on any of it. It is a reality of First Nation communities, however, that future researchers need to be aware of. The importance of the national politics and the community politics cannot be downplayed or underestimated. It creates an edge to almost all community activities that the health staff are involved in. In many respects the politics dictated by the Indian Act sets many First Nations organizations up for failure. There is little opportunity for economic and employment development and so financial autonomy seems an impossibility. Community infrastructures and Government paternalism are obstacles to success. The First Nations reality is not a simple situation. Politics impacts everything that goes on in First Nations communities in very fundamental, basic ways.

Why Should We Care? Why is there so little written about the activity patterns and levels of Native elders? Why are programs for First Nations elderly so low on Native and government priority lists? Many research reports done on Aboriginal elderly do not mention physical activity at all (Alberta Health, 1995; Health Canada, 1997; Hohn, 1986; Ontario Advisory Council on Senior Citizens, 1993). Others, including the Royal Commission Report on Aboriginal Peoples (1996) give it only a cursory mention. Only the Winther et al (1995) report addressed the issue directly and it did not include any specific information about elder activity involvement. At the same time, although First Nations people give lip service to the importance of their elders, there is no community programming provided for them. Government funding initiatives give only token acknowledgement to the needs of elders.

Norris (1994), in speaking of the elders and why something needs to be done about restoring their health and ultimately their place in their society, says,

> In many cases they [the elders] have had to live their entire lives with poverty, malnutrition, alcohol, drug and sexual abuse, racism, social isolation and alienation. The cost of this health crisis is appalling. Aboriginal youth need healthy, active

> elders from whom they can get advice and stability.... With poor health the elders are limited in their ability to be productive, active members of their communities at the very time when their communities most need them. Individual elders are suffering and their families and communities are suffering as a result (p.4).

The Royal Commission Report on Aboriginal Peoples (1996) is a comprehensive collection of the most current and relevant information relating to Aboriginal issues in Canada today. Their five-volume report of almost four thousand pages provides background, statistics, interviews, solutions, and insights into every aspect of First Nations life in Canada today. It makes clear the reasons why we should care about First Nations elders and all First Nations people.

This is not a population that is going to disappear. Their numbers are growing faster than any other segment of the Canadian population (Royal Commission Report, Volume 1, p. 21). This is not a culture that intends to disappear. "Aboriginal people made it abundantly clear to us their determination to sustain distinctive cultures, to revitalize the aspects of culture eroded by colonial practices, and to maintain their identities as Aboriginal people into the future" (Volume 1, p. 615).

> Without healthy, socially developed youth, we have no leaders for the future. Without available, high-quality care for the elderly, we have no guidance or wisdom from the past. Without strong, committed people acting today to champion our rights and to further out nations; interests, we have no guarantees for anyone beyond today...If we are to survive as a vibrant culture, and as strong and independent nations, we must attend to the health of our people.
>
> Tom Iron
> Fourth Vice Chief
> Federation of Saskatchewan Indian Nations
> Wahpeton, Saskatchewan, 26 May 1992 (Volume 3, p. 109)

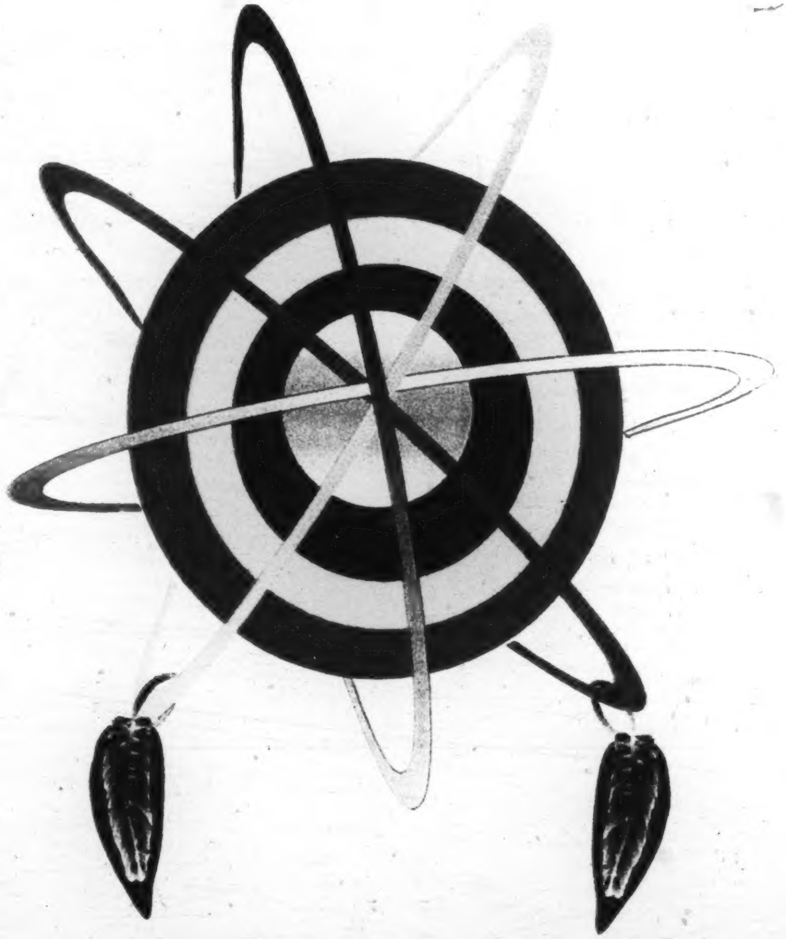
The women of First Nations communities are very clear why every effort needs to be made to heal the elders of First Nations communities. "The elders are a living bridge between the past and the present. They also provide a vision for the future, a vision grounded in tradition and informed by the experience of living on the land, safeguarding and disseminating knowledge gained over centuries.... They are educators in the broadest sense of the word" (Volume 4, p. 3) The women of First Nations communities believe that the elders need to become more active in healing and in providing a positive role model for the young, "teaching the younger generations about our culture and traditions. Give the healthy elders a chance to be counsellors in the community. It is our belief that we learn from the stories told by our grandmothers and grandfathers" (Volume 4, p. 90).

Throughout the Royal Commission Report there is documentation of the voices of Natives from across the length and breadth of Canada. Presenters of all ages spoke passionately about the importance of elders in Native society today. "As many Aboriginal people rediscover themselves in their culture, Elders are seen as living connections to the original teachings of the Creator (Volume 4, p. 113). Aboriginal people have been lost; the pressure to assimilate weakened them temporarily. The knowledge and realization of the importance of the elders is returning. That we, as non-Aboriginal Canadians, can see it first or more clearly, is not a surprise. We are not so lost. "It is precisely because of this loss of direction that many Aboriginal people are looking to Elders for guidance. It is said that Elders remind us of our responsibility to the future. Looking to the future and not the past, their teachings become the foundation on which to build healthy, self-determining communities" (Volume 4, p. 113).

A Model for Health Promotion: I developed the following model (see Figure 1) as a way of visually clarifying and tying together all that I had learned both from the Elders in Winnipeg and the community health staff I had been working with. My intention was to capture the benefits and importance of a more active life style incorporated into the holistic First Nations view of life. My model brings together the First Nations concept of the Circle of Life, with its "whole" approach and the interrelatedness of all things with the linear view that the White, Euro-Canadian world is more accustomed to. The White model also recognizes the need for balance but is less clear on how to achieve it.

As the model took form in my mind, it became clear how well it reflected the "whole" picture. At the level of the individual, the concentric rings represent, from the inside out, spiritual, physical, mental, and emotional aspects of the individual. The intersecting orbit lines, which may be unlimited in number, represent activities of daily living which help the individual to keep in balance. Examples that might be represented by the orbit lines would include exercise, nutrition, family connection, spiritual practice, and decision making.

Figure 1. A Model For Health Promotion In Aboriginal Communities.



The model could also be used to represent a much larger universal view. The concentric rings in this case would represent, from the inside out, the individual, the family, the community, the nation. The intersecting orbit lines, which may also be unlimited in number and which help to keep the world picture in balance, represent activities such as health practices, economics, education, language, culture, and so on.

In keeping with the Native teachings, the colours red, blue, yellow, and white are used because they represent the four directions and are therefore congruent in conveying the freedom that is needed to move in any direction in order to establish and/or maintain balance.

The White Man's more linear approach is captured in the path of one orbit line as it crosses the concentric circles. What becomes obvious is that the White Man's view is not necessarily wrong, only limited, which is also congruent with how First Nations people perceive and understand the white man's way. The fundamental move of simply stepping back, as I sense that our First Nations people are able to do more easily, provides the larger view and one can see that the single line across the Circle of Life extends beyond the boundaries of the concentric circles and wraps itself around the individual and the universe. A further advantage of stepping back also reveals that there are many more lines, not just one. The interrelatedness of all things can then be more easily seen and understood.

If just one of the orbit lines start to wobble off balance the whole organism is affected. And while it may not appear critical at the beginning, eventually one wobbling orbit line will affect many more and eventually the whole organism may spin off course. It is a delicate balance. There is no question that this model represents an ideal of harmony and perfect balance in life. One or more of the concentric circles or orbit lines out of balance affects the whole organism. Years ago, when Canada's First Nations people met the first white person, their Circle of Life started to lose its balance. Much of their energy and focus now is in regaining and re-establishing that balance. The work started by this study is a good beginning. It has the potential to be a simple, cost-effective way of restoring much of the health imbalance in First Nations communities today.

> The circle has neither beginning nor ending. It has always been. The circle represents the journey of human existence. It connects us to our past and to our future. Within the periphery of the circle lies the key to all-Native philosophy, values, and traditions. All things living depend upon its equilibrium. If it is unbalanced, the effects on our physical, mental, and emotional health can be devastating. Native peoples have experienced continuous change in the last two hundred and fifty years, and the circle has suffered stresses beyond imagination. Yet, it remains intact like the original people of this land. The women are the keepers of the circle. They have the power to nurture and to replenish the life forces. Through our writing, we are maintaining our Nativeness in this fast-paced, often foreign contemporary society. The written word has given us our voice, and we have begun the healing process. We are writing the circle.
>
> Robin Melting Tallow (Perreault & Vance, 1993, p. 288).

Progress Relevant to Program Objectives: The purpose of the program reflected in this study was to initiate a community-based process for improving the physical activity levels among seniors of rural First Nations communities within Alberta. In so doing, take steps towards improving the overall health and functional independence of those seniors. There was success in meeting the objectives of the program. The major accomplishment was the raising of awareness, at the community level, of the needs of the elders within the communities that participated. By the end of the project virtually all of the Health Directors I worked with said they had prepared, or were in the process of preparing, proposals to take to their Chief and Council to ask for the funding to have elder activity programs included in the next budget year. The need for, and importance of, providing opportunities for the elderly members of their communities to be more physically active has been recognized as a serious and important health issue worthy of budgeting. Many of the elders themselves expressed their joy and pleasure at finally being remembered by the community after having felt ignored for so long. According to anecdotal accounts, the program was successful in embracing the elders mentally, spiritually, and emotionally. The vision of the Elders at the Talking Circle in Winnipeg has been, in part, already realized.

The study also achieved its objective of improving the activity levels of the First Nations older adults that participated by providing an interesting and broad range of activities. The Health Centre staff proved to be resourceful and creative and had a keen awareness and understanding of the types of activities that would engage their elders and keep them participating, while at the same time achieve the health results the study was anticipating. In this sense, the study has played an important role in laying the groundwork for future years.

In keeping with the holistic model traditional to Native life and the wishes of the Elders at the Winnipeg Talking Circle, the program was developed on more than just the physical level. Again, there is no hard data to support this achievement because the elders themselves would not allow any invasion of their private lives and none of our arguments for scientific validation were able to sway them. The anecdotal evidence is strong both from the elders themselves and members of their families. We may never get "scientific data" on this population, but for now we can celebrate that the first step has been taken. It may be that we will have to satisfy ourselves with Statistics Canada data that will eventually show a positive change in the statistics related to empowerment leading to reduced mortality, morbidity and the incidence of disease.

Through the development of the program and the many project team meetings I had with the Health Centre staff from each of the communities, I began to gain a much greater appreciation for the philosophical position our First Nations people have with regard to health. The Elders in Winnipeg first introduced it to me and as I worked in the communities it became an observable reality.

This study also met the objective of providing leadership opportunities in the area of active living and physical activity, though not all of the communities availed themselves of the opportunities. All but one of the participants at the introductory training session had never attended an organized exercise session other than what they may have experienced at school. The idea that anyone over the age of 50 might exercise was a new concept. One participant joked that her idea of exercise was "a good brisk sit". On the other hand, as a group they were impressed with the leader brought in to lead the exercise session in the afternoon. This leader herself was middle-aged, slightly over weight, but with a lot of energy. She punctuated her class with a lot of good humour and had an excellent rapport with the group. By the end of the day they had come to realize that exercise could be fun, that music and humour made the experience much more enjoyable, and that perhaps they really might be able to lead a program for their elders. Their interest had been aroused enough that they wanted to know how they could be certified as instructors. I encouraged this pursuit on a couple of fronts. First I let them know that leading exercise classes like this one could be a source of additional income. Second, I hoped that they could market their leadership skills to other First Nations communities and in this way eventually take up the Health Promotion torch for more First Nations communities. Later on, there were some organizational and logistical problems with the AFLCA course weekend, but the course itself went well. Some of the participants were intimidated by the fitness academics that were involved. The subsequent certification process that the members of the more remote First Nations communities were expected to adhere to also put a strain on their interest and motivation. The certification testing process is something that the AFLCA needs to address if they hope to promote their program and broaden their influence to older adults and Aboriginal communities in Alberta.

Other leadership opportunities appeared quite accidentally. The position of program coordinator for some communities became an opportunity for individuals to broaden their administrative and organizational skills as they were required to manage budgets, prepare community information sheets, coordinate activity days which sometimes meant booking of facilities and equipment, and sometimes juggling several tasks at once. It was a steep learning curve for at least one of the coordinators but she attacked the challenges with eagerness and a very cheerful spirit.

Have we, over the course of this study, ensured a sustainable future for the program? Probably not. There simply wasn't time. Is it possible? Definitely. Is there interest? Without question. Can First Nations do it on their own? Maybe not yet, but soon. I think they need a little more coaching, a little more direction, and a little more moral support.

Trips and Stumbles -- Evidence of Action Research: One of the characteristics of Action Research that comes, in part, from its very nature, is that "ordinary" citizens are involved in the process. As such, there are many obstacles that present themselves that are not typical of other research methodologies. The cycles of the Action Research process begin to overlap, the doubts, hesitancies, and personal lives of the participants come to the fore and, in this case, the time pressures of the funders added yet on more pressure. Still the process carries on. With so many outside influences impinging on the research process and those doing the research, it is no surprise that 'trips and stumbles' happen and that some things fall between the cracks. That was certainly true of this study, which led to my feeling frustrated—often. For the most part, I believe the mix-ups were a result of differences between cultures. I certainly brought several expectations and assumptions to the study that did not mesh with the cultural group I was working with. I am sure the First Nations people also had their assumptions and expectations of me, though it was never anything we openly discussed—an oversight on my part.

The first obstacle that was evident in this study was the past history of First Nations people with good intentioned, well-meaning white academics/white establishment. The Elders at the Talking Circle were the first to bring it to my attention and I was aware of it again throughout the study. An event at one of the opening feasts I attended serves to illustrate.

I was aware that the tension at the feast was high. I had been invited to speak to the gathering, to introduce myself and the program. Afterwards three was an opportunity for discussion and questions. The question was asked, *What did I know about First Nations people or their ways*? It was an important moment. I was painfully aware, standing there in front of this antagonistic crowd that I was perceived as yet one more white researcher coming into their community to tell them what to do. What I said next could make or break the program in this community and perhaps in nearby communities. A answered honestly. "*You're right. I don't know you or your community or your ways. I'm* *here to learn, and I hope you will teach me. I'm asking you to be my teachers."* I went on to elaborate on what I did know of their specific health problems. I explained briefly how a simple activity program had helped other seniors and that I was offering the program as an easy, simple, cost-effective way of improving their health. I was inviting them to try it.

The meeting got easier after that. One or two of the men continued to grumble and throw out negative remarks, but overall I felt I had turned the meeting around and they were at least willing to listen. It was a blatant reminder for me that part of the obstacle that I would have to overcome was history.

Afterwards I helped Health Centre staff clean up the feast, doing the dishes and dividing the left over food among the elders who had attended and preparing food plates for others whom had been unable to attend. As it turned out, once the program was underway, no men attended any of the sessions, in this or any of the other communities.

On the whole, throughout the study, given the speed and size of the project, communication was good. Checks and double checks were made to ensure understanding and clarity. Written summaries were provided on occasion, when a lot of information had been provided. Phone reminders were made if more than two days had passed between one meeting and the next. Still things slipped between the cracks. A couple of the cultural differences that I struggled with the most were a difference in the value of time and differences in communication. I found the struggle with communications was not a difference in the meaning of the words so much as a difference in understanding when it is important to communicate, like if a meeting has been cancelled, changed, or postponed. This was the area where many of the trips and stumbles occurred.

A couple of examples may help to clarify. There was one occasion when an arrangement was made for one community to meet with some of the officials representing the funding organization. The meeting was to be on a Sunday afternoon. I had asked the community several weeks earlier if they would agree to the meeting. They did agree and the plans were made. My emissary was also to attend. During the week preceding the meeting, I spoke to the members of the community several times by way of a reminder. We discussed giving the officials a brief tour of the community and then itemized a list of topics that we could discuss with these officials. The Sunday afternoon arrived and the members of the community, and my Native emissary, were over an hour late. No explanation or apology offered. We were on the verge of leaving the community when our hosts arrived.

On another occasion my emissary and I went to the Stony Community west of Calgary to meet with the Health Director and health staff to discuss their joining the study. My emissary had arranged the meeting for 9 a.m. on a weekday morning. We left the night before and stayed overnight in a nearby town in order to avoid a four-hour drive early in the morning. When we arrived for the meeting we were told that no one was there. Not only were they not at the Health Centre, they were not in the community. There was no message of explanation; there had been no phone calls to cancel. We learned they had all gone to Red Deer for another meeting. My emissary and I drove to Red Deer looking for them. We were unsure where they would be, but after a couple of stops at different hotels, we finally found them and waited for them to come out of their meeting. We ended up having lunch with them. No apology, no explanation, nor did my emissary ask. I am left wondering how these things get debriefed so that I (we) can learn from them. I had no opportunity to debrief even with my emissary as we had each driven our own cars and so we travelled back to Edmonton alone.

On another occasion I arranged for five members of each community to attend the AFLCA training workshop. Only twelve people of the twenty-five who had registered attended. Four were coming from some distance away so I had agreed to pay their hotel accommodation. Three of these four did not show up at the workshop, but they did use the hotel room.

These are just a few of the trips and stumbles that occurred throughout this study. No one of them is so serious on its own to have had a major impact on the study. They serve to accentuate that trips and stumbles do occur and can be considered evidence of the Action Research process. I believe that communication is key to minimizing these trips and stumbles. This is especially true in a cross-cultural study. It is essential to have both the time and courage to broach areas of difficulty and risk possible stand-offs. There are many differences between First Nations people and Euro-Canadians, and I am still in the process of learning about those differences.

CHAPTER 6

> *While community healing centres would have an important service delivery role, we see them as having other important functions. These might include providing public education about health and healing; promoting community involvement in health and healing; promoting healthy lifestyles in Aboriginal communities; assessing local health and healing needs and contributing to health research on a broader basis; participating in local and regional planning; collaborating with other programs and agencies on primary prevention strategies (for example, those related to potable water, safe sewer systems or adequate housing); providing education and training opportunities for community members, especially youth exploring career options; and liaison with Aboriginal and non-Aboriginal health and healing organizations outside the community (Royal Commission on Aboriginal Peoples, 1996, Vol. 3, p. 241).*

Summary and Conclusions

Summary

In days not so long ago, North American Native men and women hunted, trapped, fished, harvested, and prepared medicines to feed, clothe, shelter and keep themselves in good health. Today, in the First Nations communities at Enoch, Alexis, Alexander, Sunchild, O'Chiese and Paul, these "old" ways are dying off. Although each of these communities is unique, all have been touched by the outside world, some more than others, each in a different way and for different periods of time. Individuals within each community have had many common experiences with the "White Man". Many have also had quite unique experiences with the outside world. Most of the communities have members who are university graduates. Few have members who still cling determinedly to the "old" ways. What they share is a continuum of adaptation both at the individual level and as communities. All are struggling to find their niche in a new and changing social order.

This has been an exploratory study that has only touched the surface of potential for this program in First Nations communities. As such, I offer the following recommendations for future studies.

First, the Community Health Directors themselves would have preferred input right from the beginning. They regretted that there was no Needs Assessment done and that they were not consulted by the national organizing body. It is clear that the communities want to define their own problems within their own reality. They can accept help, but they want to be a part of designing the overall plan of action and setting the broader goals and objectives. Although they were involved at the community level, there were some Directors who wanted a greater role to play. Future studies must make every attempt to honour this wish.

The Minkler (1992) study suggests that the social support and empowerment theory is workable among communities where there are large numbers of socially isolated individuals who live alone in densely populated areas. I think there is also merit for application of these theories in less densely populated areas such as First Nations communities where the social isolation of their seniors is acute. In many ways the poverty and living conditions in many First Nations communities resembles the ghetto life of large urban cities. Like Minkler's Tenderloin Senior Outreach Project (TSOP), Canada's First Nations communities also require an effective catalyst for a period of time, perhaps a number of years, while they gain the skills and confidence to ensure the success of the health promotion initiatives for their seniors. In time I would anticipate that there would be less and less reliance on outside facilitators.

There is no question that, at this moment, there are an abundance of activities going on in First Nations communities of a political, economic, medical, cultural, and educational nature. First Nations communities, however, are unanimous in their agreement that a physical activity program such as the one that this study reports on is urgently needed in their communities. They were glad that this program came with some financing and unanimous in their wish to see it continue. I believe a very strong case could be made for more initiatives such as this one. It is also becoming amply clear that due to the already heavy workload of the Health Centre staff, that someone would need to be recruited and educated to lead a new elders' Active Living initiative so that reliable data could be collected.

The Elders in Winnipeg had a great deal to say about the need for similar programs to serve urban First Nations people as well. And although there were neither time nor funds available for this study to address this problem, I think it is relevant to record the Elders' concerns.

In many respects the urban issues are much more urgent and serious and for this reason must not be ignored. In the future, by choosing to work with communities in close proximity to the city of Edmonton for instance, time could be saved by working with members of the communities of this study who already have outreach programs and contacts in the city. The Elders in Winnipeg advised that there would be certain unique difficulties to be overcome in the urban centres that are not at issue in the rural areas. *"In the urban you wouldn't have the band hall to start with...In the city there are other places you could go but in the community it would be the Band hall you would have to approach* [in the cities you have no such central spot that can put you in touch with whoever you might want to talk to]*"* (Appendix A, p. 190). *"I see the cultural aspect, traditional knowledge aspect, is slowly dying with the people in the city..."* (Appendix A, p. 195).

> *Many of the elders that live in the cities live encapsulated lives...if you want to get in contact with them, you're going to have to spread yourself thin and contact almost every single agency that serves Natives or First Nations Peoples in a particular urban area. Contact as many of those people as you possibly can and use them as a resource to put you in contact with the people that you really, really want to serve or really want to work with, which is the elders themselves. You're not going to be able to realize it, in contrast to the First Nations communities, through the establishment of one emissary working out of the Chief's office or working out of the Health Centre because it's a different type of community. But*

> *that doesn't mean that you can't do it...you really have to extend yourself and reach out. You have to expend the time and the energy to do it right. And it's not something that is going to be accomplished through one phone call. Because each of the different agencies that work with Native people in the urban area have their own agendas and their own way of doing things and their own contacts. And some of them are completely useless..."* (Appendix A, p. 197)

Besides the urgent urban needs, there is a huge diversity in needs, physical resources, organizational capability, and personnel resources between Canada's rural First Nations communities. Real empowerment will only come from a long-term commitment. And so, if this project were to be run again, I would make the following suggestions:

1. Allow more time. Even an initiative such as this pilot project needs a minimum of two years, the first year to plan, train, and set up; the second to run the pilot. Participating communities need to know in advance so that they can plan ahead.
2. Distribution of financial resources should be made on an individual community basis. It is clear that some communities need more funding than others.
3. A broad-based, open, qualitative evaluation tool should be developed that is adapted to each specific culture. It is becoming clear that an evaluative questionnaire addressing the needs and realities of First Nations communities must be sought or constructed to ensure that culturally relevant data is collected and available for the building and adapting of more culturally relevant programs. It is not essential that this data be compared to any other cultural groups. Whether or not First Nations seniors are as functionally independent or as fit or as flexible, or not, as any other group is irrelevant, especially to First Nations people. In addition, there needs to be thorough

training and coaching in how to administer the evaluation tool so that the information they gather is relevant and has meaning to the community.

4. Leadership training should be offered prior to the initiation of the program to ensure that the skills and confidence are in place at the outset. In addition to fitness leadership certification, also provide basic organizational and budget management training especially if leaders are very young or inexperienced.
5. Funding should go directly to the Health Directors, as Trustees. They are in the best position to distribute the funds quickly and efficiently.
6. Liability waivers should be available for participants to sign, as their communities deem necessary.
7. Local and Regional Coordinators should be established so that communities feel a sense of connection and support until they have firmly established their programs. Ideally these should be paid positions with a clearly defined mandate and specified goals and objectives. Regional Coordinators should not be responsible for more than three communities that are within reasonably close geographic proximity to each other. If large travel distances are the reality then responsibility should be limited to two communities per Regional Coordinator. Until the programs are well established the Community Coordinators will need a lot of time and attention from the Regional Coordinators as it can be demanding work physically, emotionally, and mentally.
8. There is an equally urgent need for a project such as this to be established in the large urban Centres of Canada. When establishing the rural programs, consider establishing similar outreach programs from the participating First Nation rural communities into the nearby cities.
9. Continue to celebrate the program start-up and wind-down with feasts and active cultural demonstrations.
10. Encourage link-ups with other health and recreation activities within the community, as well as with school programs.

11. Develop posters relevant to First Nations elders to promote being more active, the adoption of a healthier lifestyle, the taking of leadership roles in the community, and the honouring of the traditional role of elders in First Nations communities.
12. Involve the broad community at the beginning and throughout the program. There is an urgent need to connect elders to the community in a more comprehensive way rather than having the program operate in isolation from the rest of the community.
13. Set the research project up as a five year project with incentives (rewards of some sort, recognition, prizes perhaps) to be offered to communities that can achieve certain goals: reduced obesity and high blood pressure and increased community participation in fitness and exercise programs for instance.
14. Provide help and assistance in keeping records. Include regular visits by the Research Study Coordinator to provide support and resources to the Community Coordinator and the program team. Each participating community should also be offered support for documenting their progress. How they document their progress should be left up to them. Suggestions like filming, writing, feasts, or other art forms could be suggested.
15. Distribute a nationwide announcement bulletin requesting that communities interested in participating in a research project such as this, concerning an elders' health promotion initiative, identify themselves. It should be made clear in the bulletin that certain criteria must be met in order to qualify for funding. Such criteria could include committed leadership, a commitment for transportation, and reasonable facilities.
16. Provide training, certification and a salary for the program community Coordinator on the condition that they make a minimum time commitment (two years), to fulfill the objectives of the study as determined by their own community in discussion with the Research Coordinator.
17. Advocacy and fiscal responsibility must be incorporated as valuable elements of the program. Few members of the First Nation communities I worked with

had the necessary administrative skills, organizational ability, and financial skills that were necessary to keep their program viable. As the successes of the program becomes more visible, other communities will want to participate, therefore serious consideration must be given to fiscal management training, especially for those involved at the initiation phase, so that they in turn may become the future teachers.

18. Once communities are on board, regular meetings should be set up between Regional Coordinators across Canada as a means of building team support and sharing experiences. Incentive goals for Regional Coordinators could include things like leadership development and teaching of community fiscal responsibility particularly as it is related to the project. Consideration must be given to the number of communities under each Regional Coordinator. Because of the expense of doing this on a national level, meetings could be set up regularly on a provincial or regional level and only once or twice a year on a national level, perhaps in conjunction with some other event.

Conclusions

I have enjoyed this research study and the project on which it was based. I have listened, and as a result I have learned an enormous amount. I have enjoyed working with First Nations people immensely and have come to respect the vision and depth of the Wellness Strategy embedded in the Circle of Life. I have gained a whole new appreciation for the First Nations people; their wit, their strength, and their plight. I have come to realize that the average Canadian is probably not well-informed, perhaps even misinformed, about the real First Nations reality. I believe, as Rupert Ross (1992) does, that "Until you can see through the rules, you can only see through the rules" (p. 4). Until we open our eyes to the realities of our First Nations people, they will not be given the kind of real support they need to bring their living standards up to that of our poorest white neighbours.

There are many challenges, changes, conflicts, and choices that Canada's First Nations people are faced with at this moment. They are involved in a vast process of transformation. Native communities are facing enormous life changing decisions in a struggle to regain their traditions and Native identity. The enormity of the decisions before them, combined with the ongoing pressures of the day-to-day challenges they face that are so essential to the health of their communities, is a drain on their energy and distracts their focus. The values and practices of the Circle of Life that were taught to them as youngsters need to be supported now as a guide and compass throughout their lives. More opportunities such as the one offered by New Horizons/Partners in Aging are needed so that First Nations communities can take control of their own healing.

It is not possible to generalize the process. You cannot generalize about realities. You cannot generalize about where is the best place to start. This is one of the rules of the Action Research methodology and it is especially true when it comes to First Nations communities. There is a huge diversity in skills, resources, and commitment to traditional beliefs and practices within First Nations communities, and it is imperative that you meet each community on their terms, according to their reality, abilities, strengths, weaknesses, culture, leadership, resources, and whatever else is their truth. Each community is very, different. And even though there may be two communities that are both "Plains Cree", they may have a very different community culture. The Elders in Winnipeg told me about this, *"You're going to have a lot of people talking and saying, ' well this is not how you are supposed to do it'. There's going to be people giving you different ideas, but that's OK...everybody does it different, they're just different"* (Appendix A, p. 177). *"...There is such a diversity among our people, it's incredible"* (Appendix A, p. 183). Ovide Mercredi (1993) points out "There are fifty-three Aboriginal languages in Canada, including Inuit and Métis languages" (p.40). Each community is unique and it is imperative to work with them with that attitude.

This study ran for such a short time, but it was such a long journey. In just three months we (the members of six First Nations communities and I) made significant progress. I hope that this paper has provided enough background and information for future researchers to take it to the next level. The background and profiles of each community have been provided as well as their approaches to the program. It is hoped that by providing this information other communities will be able to find scenarios that approximate their own and that through a process of sorting, mixing, matching, and experimenting they will be able to find their way through the process with more ease in order to come to a solution that will suit their unique needs.

On behalf of all the members of all the communities that participated, we wish you good health and long life.

Ekusi,
Hey Hey!

NOTES

Chapter 1

[1] **First Nations people**: This is the term that a predominant number of Canada's native people seem to prefer now. "First Nations people is the term that captures how we see things: the first peoples who are organized in nations. The expression "nations" is not used in the sense of nation-states, but rather as distinct political and cultural communities" (Mercredi & Turpel, 1993, pp. 6-7). The term reflects the way First Nations peoples see themselves in Canada and it will be used throughout this study.

[2] **Registered/Status Indian**: Any person registered or entitled to be registered as an Indian according to the Indian Act (Hohn, 1986). The Aboriginal Health Unit (1995) clarifies it this way, "A **Treaty Indian** or **Status Indian** is a registered Indian (recorded as an Indian in the Indian Register under the provisions of Section 2(1) of the Indian Act) who is a member of, or can prove descendance from a Band that signed a treaty" (p. 73). Therefore they are also referred to as Registered Indians. An official in Ottawa, called the Registrar, decides who is "in" and who is "out" (Mercredi & Turpel, 1993). A Non-Status Indian is not registered under the Indian Act. "Indian people or those descended from them who, for one reason or another, have lost their right to be registered as Indians as defined by the Indian Act, as amended in 1985" (Hohn, 1986, p. 13).

[3] **Aboriginal**: A catch-all word used to describe Indians, Inuit, and Métis. It inhibits recognition of the important differences among First Nations peoples across the country. The Aboriginal Health Unit (1995) believes it is too broad a term and hides the

different cultures of Canada's First Nation peoples the way "European" hides the nationalities of the French, German, and Italian cultures. (p. 73)

[4]**elders** (not capitalized): Denotes any senior. Sometimes also referred to as "the old ones" (Hohn, 1986, p. 12).

[5]**Active Living**: "Encompasses leisure time, physical activity, exercise, sports, occupational labor, gardening, and physical chores and hobbies such as housecleaning and home construction…any body movement that results in an increase in energy expenditure is relevant to health. Everything from organized sport involvement to unplanned and spontaneous activities count" (O'Brien Cousins, 1998, p. 123).

[6]**Indian**: This term will be avoided throughout this paper because it is not a term the First Nations people prefer. Typically it is a catch-all word used interchangeably with 'Aboriginal' and 'indigenous' which are meant to embrace Indian, Inuit and Métis peoples. *The Canadian Oxford Dictionary* defines Indian as, "a member of the Aboriginal peoples of North and South America or their descendants…*Cdn* a status Indian (although the use of *Indian* in sense [referred to above] has declined because it is thought to reflect Columbus's mistaken idea that he had landed in India in 1492, it is still in common use among many Aboriginal people and is embedded in legislation that is still in effect. Ironically, it is also the only clear way to distinguish among the three general categories of Aboriginal people (Indians, Inuit, and Métis)" (p. 717).

[7]**Elders**: "Are the most respected members of First Nations communities. They are both revered and feared for their insight and knowledge...Their style encourages self-development and self-discovery instead of the application of a dogmatic set of rules that a person must adhere to..." (Mercredi & Turpel, 1993, pp. 38-39). "The term refers to those

natives, young and old, who have been chosen or recognized by their tribe, band or community for their particular maturity, wisdom or knowledge of cultural roots and traditions. These Elders are called upon to perform religious and cultural ceremonies as well as offering guidance to individuals" (Hohn, 1986, p. 12). Health Canada (1997) says the term "reflects how these individuals are seen by the community, the term refers to their status in the community, not necessarily to their age [or gender]. Although most Elders are seniors, it is also true that some Elders are not seniors and some seniors are not Elders" (p. 4).

[8] I learned the truth of this first hand from the communities I worked with when I gave them the draft of the final report that I was preparing for the funders in Ottawa. They were surprised and taken aback. I had asked them to review the draft and make any changes or corrections they felt necessary. They told me this was a "first" for them; that they had never, and they emphasized never, had the opportunity to be a part of the writing of any report related to research they had participated in. Furthermore, they said they had never seen any final reports, nor did they, even now, have copies of them. I was surprised.

[9] **Functional Independence**: The ability to perform activities of daily living such as grocery shopping, housecleaning, and dressing oneself thereby allowing older adults to maintain independence and exercise, a degree of control in their lives. The focus is on what older adults can do rather than on what they cannot do. (Definition used by the Active Living Coalition of Older Adults – ALCOA).

[10] Beyond this specific objective, the Elders at the Talking Circle held in Winnipeg at the beginning of the project, who were involved in the conceptualization of the project, had a larger vision. They believed that this study would be the beginning of elders within

Native communities taking a more active role in the overall "healing" of their communities. The Elders in Winnipeg acknowledged that the improvement of functional independence among First Nations elderly was a positive first step towards the greater end.

Chapter 2

[11]**Reserve**: "Land set aside for the use of a First Nation or Band. In some cases the original tracts were substantially reduced in size as settlers demanded that the government make more land available. Often the poorest land was designated for native use" (Royal Commission on Aboriginal Peoples, 1996, p. 6). Mercredi & Turpel (1993) make no reference at all to Reserves. Rather, they explain in the chapter on Treaties that "First Nations peoples had no concept of individual ownership of land, so the idea that land could be ceded by a treaty was a shocking and alien concept" (p. 62). They go on to clarify. "The treaties which deal with land transfers have little in common with real-estate transactions from a First Nations perspective. Our Elders teach us that the treaties did not extinguish Indian title. Where no treaties exist, it is difficult to pinpoint legally whether Canadians have acquired clear rights to lands that they settled when these were already occupied and owned by someone else. The idea that North America was vacant and thus settlers could come and take all they wanted is obviously untrue" (p. 62).

[12]**Métis**: Are often referred to as the forgotten people. They are neither Indian nor Inuit, but are descendants of the historical Métis who evolved in Western Canada "as a people with a common political will" (Aboriginal Health Unit, 1995, p. 8). They are a people of mixed European and Indian ancestry who have Métis ancestors and declare

themselves to be Métis. Alberta is the only province in Canada where Métis people have rights over specified territories known as Métis Settlements.

[13]**Band**: "An Indian community recognized by the Government of Canada. Under the treaties, the Canadian Government has set aside land and money for use by the Band" (Aboriginal Health Unit, 1995, p. 73).

[14]**Inuit**: Originally known by the Europeans as "Eskimos", "Inuit simply means 'people'... They are one of the original groups to inhabit the northern regions of Canada, populating small, scattered communities and villages throughout the Arctic from Alaska to E. Greenland. In 1981 Statistics Canada estimated that the Inuit populations in Canada was 25,000" (The Canadian Encyclopedia, p. 1084). There are eight main tribal groups that speak a common language called Inuktitut that is divided into six different dialects. According to The Canadian Encyclopedia, "The Inuit have never been subject to the Indian Act and were largely ignored by government until 1939, when a court decision ruled that they were a federal responsibility" (p. 1084). On April 1, 1999, the present Northwest Territory will officially be divided into two distinct governments; one for the Eastern Arctic, the other for the Western Arctic. The "Eastern Arctic will become the territory of Nunavut – meaning Our Land in Inuktitut...A name for the Western territory has not yet been chosen..." (Maclean's, August 3, 1998).

Chapter 3

[15]I think the personal attributes of Action Researchers would make an interesting study in itself; there is so much that could be written.

[16]This philosophy of teacher-student/student-teacher is a part of who I am. I did not just adopt it because the Action Research literature supports it. The personal value I

hold deepest is the need to keep learning, though the theoretical premise, that the boundary between researcher and participant in the Action Research process is a blurry one, is widely accepted as one of the hallmarks of Action Research. Two authors that have recently written in some depth on the subject are Stringer (1996) and Briton (1997). Stringer (1996), in his handbook for practitioners of Action Research emphasizes, that throughout the Action Research process each researcher is a participant and each participant is a researcher. Briton (1997), in his examination of knowing and the existence and production of knowledge during Action Research adds to our understanding in his contemplation of the role of psychoanalysis as it applies to education. He writes, "Ignorance is no longer the antithesis of knowledge--a void to be filled: it is the radical condition for the possibility of knowledge, an integral aspect of the very structure of knowledge" (p. 54). He goes on to explain, "that teaching, research and writing involve not the *transfer* of knowledge but the *creation of conditions* that make it possible to learn,..." (p. 55). Theoretically this philosophy has broad application, establishing such a philosophy as reality however is quite a different matter, especially when working with a population group that is struggling with severe poverty, disenfranchisement and social isolation.

[17] Poland (1995) in his essay on the importance of transcription quality in qualitative research makes two important points about the difficulty and challenges related to transcribing. First, "much of the emotional context of the interview as well as nonverbal communication are not captured at all well in audio tape records, so that the audio tape itself is not strictly a verbatim record of the interview" (p. 291). Second, "even when aspects of emotional context are expressed with an oral component, such as intonation of

voice, pauses, sighs, and laughter, these are not easily or straightforwardly translated into the written record ..." (p. 292). Another element that made this transcription so difficult was that there were eight people at the meeting. And while there were observances of polite meeting protocol, there was also quite a bit of excited, boisterous interchange of everyone talking at once. This required hours of tedious playing and replaying, sifting and sorting of voices in order to capture as pure a verbatim account of the meeting as possible. As Poland (1995) points out, "Because people often talk in run-on sentences, judgment calls must be made in the course of transcription about where to begin and end sentences. The insertion of a period or comma can sometimes alter the interpretation of the text" (p. 297). In regard to "unavoidable alterations", Poland says,

> Verbal and written communications are very different mediums, incorporating different structures and syntaxes. It is exceedingly difficult to capture nonverbal cues, body language, and many aspects of intonation through the use of written syntax or notation whose application may not be consistent and may tend to capture only the dramatic. Furthermore,...committing verbal exchanges to paper seems to result in their immediate deterioration: Context, empathy, and other emotional dynamics are often lost or diminished, and the language seems impoverished, incoherent, and ultimately embarrassing for those who may have cause to read back over their contributions (including the interviewer/researcher!) (p.299).

[18]The evaluation that was to have been done had been determined in the original project design. The actual assessment questionnaires were dictated by the Steering Committee in the grant proposal. The evaluation was to have been a two phase process done as pre- and post-comparisons of such variables as self-reported vitality, functional fitness, and balance confidence. Three of the instruments that would be used had been previously validated and successfully used in evaluating mainstream active living programs for adults of all ages. These three scales included a 16-item Activities-specific Balance Confidence (ABC) Scale, the 10-item Falls Efficacy Scale and Forms A and B of the Multidimensional Health Locus of Control Scale (18 items each). Two other test instruments, newly developed by Anita Myers, Ph.D., at the University of Waterloo, were to be a part of the evaluation process in order to help with their piloting and validation process. One of these new items was labeled "Vitality" and consisted of a 10-item Likert scale that asked the respondents how they were "currently feeling" about a number of aspects of their daily lives including sleeping patterns, appetite, and energy levels. The second Myers scale is called "Functional Fitness" (FF). It consists of 10 questions asking respondents to reflect on their percentage of confidence in doing certain tasks like walking, running, gardening, dancing and grocery shopping for example.

Chapter 4

[19]*"There is no division between urban and rural... We weren't divided into "on reserves" or "off reserves", or whatever. We were known by our traditional names, our peoples. So this placial (sic) split never existed...It still doesn't exist...It's a product...It's a fiction created by noon-aboriginal society"* (Appendix A, p. 193).

[20] Agenda items included: 1) Overview of the project emphasizing the main goal of getting the elderly more physically active (which, it is hoped, will eventually lead to the elders being more spiritually, socially and mentally productive within the community). 2) Present training opportunity available for February 1, 1997. A location in Edmonton is still to be determined. Start time to be 9:00 a.m. and run until approximately 4:00 p.m. There will be no cost except lunch. Snacks will be provided but lunch will not. Up to five people from each community may attend; 3) get commitment from those who are interested in being involved. Participation is encouraged by anyone who is interested; it is not to be limited to Health Centre personnel only; 4) explain that there is money available for your community to spend on this project. It is to help cover some of the costs of the initial feast, salaries of instructors, program costs, or to buy exercise equipment for the elders to use. How the money is spent is entirely up to the community project team, as long as it is used to encourage the elders to be more physically active; 5) establish an overall project coordinator for your community. This person will not necessarily teach the activity sessions, but rather, will act as coordinator for all aspects and people involved in the project. This person will also be responsible for ensuring that the pre- and post-test questionnaires are completed by the elderly participants and collected for analysis; 6) pre- and post-test questionnaires have been developed. Each participant will be asked to complete one voluntarily. If the elder is able, they may answer all the questions on their own and hand in the completed questionnaire to the coordinator. However, many elders need assistance, that is, someone to read them the questions or help them understand the questions. This is OK, as long as the helper records the elder's response accurately. More information about this aspect of the program will be forthcoming; 7) establish a feast

coordinator; 8) establish a team to go out to invite all the elders to the feast personally; 9) make a list of translators that may be called upon if necessary. Follow-up with these people to confirm that they are indeed ready, will and able to help on any given day; 10) get a commitment from people who will serve as activity leaders (these people should attend the training on February 1; 11) brainstorm ideas for your activity program focusing on activities that will develop strength, flexibility, and cardio/respiratory ability. Be as creative as you like. All ideas are valuable; 12) brainstorm ideas for documenting or recording your community's story. Video, photographs, "story", art....

Chapter 5

[21]**Indian Act**: Has its roots in 1876 and is designed to govern the lives of Canada's First Nations people. An Act of Parliament which determines who is and who is not an Indian. Mercredi & Turpel (1993) provide a very clear understanding of this term:

> The Act is a cradle-to-grave set of rules, regulations and directives. From the time of birth, when an Indian child must be registered in one of seventeen categories defining who is an 'Indian', until the time of death, when the Minister of Indian Affairs acts as executor of the deceased person's estate, our lives are ruled by the Act and the overwhelming bureaucracy that administers it....the Act requires that Band Councils be elected to govern the affairs of Indian people. Parliament has issued regulations stating how elections are to be conducted and defining the terms and conditions of Band Council membership. The Act spells out in no uncertain terms the severely limited scope of Band Council powers....All by-laws passed by Band Councils must be submitted to the Minister of Indian Affairs for approval

> before they can come into force. The Minister has forty days to allow or disallow each by-law and disapprovals are routine. The Minister is under no obligation to provide reasons why a law was disallowed....Many people have been excluded from First Nations communities because of the history of discrimination against certain people under the Indian Act. For example, women lost their Indian status if they married people who were considered non-Indians, even though their spouses may also have been discriminated against by the Indian Act. Many women lost their official status and with it the right to live on the reserve with their families. They also lost the right to have their children attend schools on the reserve and the ability to be part of their community so they could sustain their language and culture. But women were not the only ones excluded. People who went to university or joined the clergy or armed forces were also removed from the Indian register. And many people whose families were out on the land when the enumerators came around were just left off the list" (pp. 81-82).

First Nations people were never consulted in the drafting of the Indian Act and though they signed various Treaties, they never consented to the Indian Act. (Mercredi & Turpel, 1993).

Bill C-31: Is the 1985 amendment to the Indian Act. According to the Aborignal Health Unit (1995), "A Bill C-31 Indian is a person who has regained treaty status through the provision of an 1985 amendment to the Indian Act, known as Bill C-31. These people may or may not have been admitted into an Indian Band. Most Bill C-31 Indians in Alberta have not been admitted into Bands.... It was supposed to overturn some of the discrimination in the Act. Before 1985, if an Indian woman married a non-Indian she lost her status as an Indian person and her children were not considered Indians. Yet if a man did the same thing, he did not lose his status and his children were recognized. In fact, according to the Act, his non-Indian wife could legally become an Indian person. Bill C-31 changed that and allowed those women to have their Indian status back, but not their grandchildren. It was through Bill C-31 that seventeen different categories of Indian were defined under the Act" (p. 73).

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APPENDIX A

ELDERS TALKING CIRCLE AUDIO TAPE TRANSCRIPTION

NOVEMBER 4/5, 1996
WINNIPEG, MANITOBA

ELDERS TALKING CIRCLE
AUDIO TAPE TRANSCRIPTION

November 4/5, 1996
Winnipeg, Manitoba

In attendance: Elder One , Shoal Lake, Ontario; Elder Three , The Pas, Manitoba; Elder Six , Elders Kumik Lodge, Ottawa; Elder Four , Parsboro, Nova Scotia; Elder Two , Dawson City, Yukon; Elder Five , Edmonton, Alberta; Elder Seven Hinton, Alberta and Researcher , Edmonton, Alberta and Project Co-ordinator.

(First few minutes of the tape lost)

Researcher: . . . percolate over the things that we've been talking about and we'll come back and just meet for another hour, hour and half or something, afterward. We can… what I'd like to recommend. I appreciate Elder Five and Elder Four are leaving in the morning, so they won't be here in the morning. I would like the rest of us to sleep on what it is that we talk about tonight. And if I can be in touch with you, at home, easily [Elder Five], and I will call you too (Elder Four) for the same and if you have had any more thoughts and ideas about what we've been talking about I'm happy to have them and I'll record them into the meeting.

In terms of knowing what I need to do, for your own information. I am going to take all of these tapes home and transcribe them on my computer. So there will be a paper documentation of everything that is said here. If there's jokes and things, we can edit those out. (Laughter) But the real information that I need will be on paper. (lots of laughter)…And I will… From that, I need to, by December 10th, have my recommendations into ALCCOA, and the New Horizons grant people and the Red Cross, who are coordinating this project. I have to have a plan in for pilot projects. OK, so depending on how elaborate your directions are, this next day, for today, we can run two, three or four projects and actually do something.

What I am working on -- I'm a Master's student at the University of Alberta. I'm in the faculty of Physical Education but I'm working in the area of gerontology/health promotion. My specific interest is First Nations people. And I don't know why I'm so interested. I've studied Alberta history for a long time. I've written public education programs. I've worked with archaeologists and historians. I love stomping through a ploughed field looking for arrowheads. I have a nice collection of arrowheads myself; it stirs something in me. More than that I can't give you. I don't know why I'm so interested. Our ceremony today, I felt like I was called home. It's a weird thing to say, and I don't understand it, but there you are.

So that's my interest. I appreciate very strongly, how much I am a white person getting money to help First Nations people do things that they need. It seems wrong to me.

However, I'm glad of the job. What I would like to see myself as, a catalyst to help First Nations take this and run it themselves. All of the things, many of the things, that we've been talking about informally over breakfast and stuff, is exactly how I see this whole project, for ever-more unfolding. I'm just going to start it up. I'm here to help in

any way, if there's a glitch, if there's an obstacle that somebody needs help getting over, in any Aboriginal community I'd be happy to help them untangle the white man's red tape. You know, like, if that's what my role is going to be, I'm perfectly happy with that. I appreciate that I AM NOT GOING TO BE DOING IT. It is an opportunity for me to start and then to hand it over to Canada's First Nations.

I insisted, before the project even began that they allow me to talk to the Elders and get their advice on how to proceed. I did not put the original project proposal together. I don't know who did. And it was not a part of the original project proposal. I said that if I'm going to do it, I am not going to proceed without the Elders input. So that's the purpose of today's meeting. I would like to be able to feel free to call on you through the course of my own project and my own work to get your guidance and advice again if I run up against an obstacle, or a roadblock, or if I get stuck. I'd like to be able to call you and ask you to help me out of it.

(Everyone nodding in agreement)

Comments?

Elder Five: I'm still unclear as to exactly the purpose of us being here. Are we to give our input into the actual constitution or the pilot projects or into the research that is being done that would accompany them?

Researcher: The first part of this project was supposed to have been a literature review. What is written already and known about the functional independence levels of Aboriginal seniors? There is very little written and very little known about the actual functional independence levels of aboriginal seniors. They do know that there is a high incidence of diabetes. They do know there's high incidence of coronary heart disease. They do know there is a high incidence of alcoholism and all of the things that brings on. This project is getting right to doing something. What they want to do, they are working with low income seniors, they are working with home care seniors and they are working with Aboriginal seniors to actually make progress in helping them to be more functionally independent. So the pilot projects themselves, there will be documentation that comes. They will be written up. What we do, and if you recommend to me that we approach this project in two different ways, we will do two different ways, and we will compare them. If you say we won't work with the elders at all in one community and we'll go to the elders in another community and try and accomplish the same things, which has the most success? Why? What did we do wrong? What did we do right? What should we do differently the next time? So that we can start going out to reserves and urban aboriginal communities to get them more physically active. This is definitely related to their physical activity: Their muscle strength, their muscle flexibility, their heart strength, ways of keeping them functionally independent. Have I answered that question?

Elder Five: Like Elder One?

Researcher: Like Elder One. A good example of fitness, really, it is. I would ask [Elder One], what do you do?

Elder Three: Ask me! (Lots of laughter)

Researcher: Ok, I'll ask Elder Three. (More laughter)

Elder One: Eleven years ago, eleven years ago.

Elder Six: You have to remember, years ago different communities, like the remote communities, where the elders are, are still out there trapping and active, they are well.

Researcher: Are healthier.

Elder Six: Are eighty years old. They're still doing that.

Researcher: That's quite right. And that you see, the old ways are becoming the new ways, as corny as that sounds.

Elder Four: It's coming full circle.

Researcher: It is. And First Nations people have something to teach us. Me, us, being white people. You have… your value system is right. You've learned some terrible things from us, from the white man. And we need to unlearn them and go back, as best we can, to what you know. I know you know these things in your cells. It is there. Because you have led… there has been a time when you led a very, very healthy lifestyle. We need to recapture some of that and we need to recapture it your way. I have no expectation what so ever that we get some little white girl up front doing jazzersize in an Aboriginal community. That, unless, of course, you say that I should try that, in which case I will. I don't think that is how you are going to advise me, but you may well. I don't know. I think they can be culturally relevant activities. They can involve the community. They can involve the school children. Who was I talking to earlier about the adopt a grandmother program?

Elder Three: Or grandfather.

Researcher: Or grandfather, right. Exactly the kinds of things I have foreseen.

Elder Five: Well, if we've learned anything from the Manitoba presentation (during the Home Care Conference presentations that morning) it is, how are you going to create functional disability, excuse me, not functional disability, functional…

Elder Six: Independence.

Elder Five: Independence.

Elder Six: Same thing.

Elder Five: Not quite. (Laughing) For an elder who lives in the housing conditions that were shown to us (Manitoba presentations at Home Care Conference), for the people in most of the reserve communities in Manitoba. The most obvious question that comes to mind for me is how is that man or that woman going to get out of that house if you can't get them down, down the stairs?

Researcher: Right.

Elder Five: Or if you have, or once they do navigate enough to get down the stairs, they come face to face with a slew of mud or silica roads and things like that. So on a very practical… curiously enough, or not curiously enough, this same situation doesn't just exist in Manitoba or Alberta, it exists in the United States and throughout most of the indigenous communities in North America.

Researcher: Yes, and that came to my attention too. And I'm thinking, if we get enough people, enough groups, enough interested groups, hammering away at the government to pay attention, to help get disabled senior natives out of their homes, somebody will hear. All I can suggest is that you have to keep talking the talk and walking the walk and hope that one day someone will hear.

Elder Four: The biggest area I think is, if you can keep the seniors independent and at home as long as you possibly can, that's great. But you will eventually end up with those that will have to have care, that will need a nursing home. That whole area has got to be changed. You can't have sterile white and them tied to beds or tied into chairs and just left to sit and be valiumed to insensitivity.

Researcher: Right, no.

Elder Four: You can't have that. You have got to allow them their dignity. I can only speak from my twenty years in special care and know, as the assistant administrator, what it was I went through with the nursing home and finding out that I had black and white and Native and French all in the same home and being there six months and finding out just by sheer accident that I had two people speaking French. And one man never spoke for ten years because nobody talked to him and nobody knew that he had a language problem. And it's the same with the Native. They are starving for the information that is needed that is part of their whole, their whole life, their whole upbringing. And they don't have it. They are put into these places.

Researcher: Right. I know that there are some reserves, I think I have understood this correctly, that have homes on them. And certainly functional independence is also an issue in the Anglo-Saxon, white nursing homes. And there are programs, I can tell you now, that they know already how to help seniors work their muscles and help them learn to get out of a chair without using their hands. There are many seniors that can not do that. This is not just getting out of their homes, although I appreciate that, that part of the solution to this is getting them out of their homes. And caring for them. You have to speak to them in their own language, they have to feel accepted and comfortable in their own communities.

Elder Four: In the whole scenario, from here to here. It's a big picture, it's so humungous, that it's, just to get a wedge in.

Researcher: Yes, it is the big picture. So where would we put the wedge in first? That's my first question here. I would like you to stay focused on seniors. Appreciating that there is the whole big picture to get a wedge in and start. How do we start?

Elder Five: You want to launch four pilot projects?

Researcher: Lets say four.

Elder Five: Throughout the western provinces?

Researcher: They can be anywhere. It might be advisable to do one in the Maritimes, one in Ontario or Quebec, one in Alberta, one in BC.

Elder Five: One in the city.

Researcher: I'm hoping we do.

Elder Seven: One in the north.

Researcher: One in the north. I'm hoping we do at least one in Edmonton so that I can be directly involved with it and observe it directly. I foresee myself going out and being the catalyst in the pilot projects so that by the whole end of the project, by the end of March, when the grant has run out, we can say this kind of a program...

Elder Five: The end of March 1997!

Researcher: Yes.

Elder Five: The grant runs out?

Researcher: Yes, March 31st, yes.

Elder Five: The grant runs out? So the pilot project is, sorry, only going to run three months?

Researcher: The pilot project will probably run even shorter than that.

Elder Five: Well, that's, that's…

Researcher: That's what I'm expecting.

Elder Five: How can you have a project that is only going to run three months?

Researcher: Because I have no other time. What we are going to do, what we need to be able to do is say, yes there is an improvement in their mobility, there is an improvement in their strength, there's an improvement in their flexibility, or whatever. For instance, if I take a group of seniors from the Alexander reserve for instance, for a walk. And the very first day I take them out they can only go a block.

Elder Five: Yes.

Researcher: And then they are tired and need to be taken back to a chair. And I will write that down. I'm not going to put them on a treadmill. I'm not going to hook them up to an ECG machine and measure their heart rate and their pulse. The very first day I take them out they can walk a block and maybe three out of ten can walk two blocks. And I will record that. And I will do, because of the short time frame I have.

Elder Five: Incredibly short time frame!

Researcher: Incredibly short. Make no mistake I know that. I see, if we do it everyday, five days a week, at least, I take them for a walk for six, eight or ten weeks, whatever, at the end of ten weeks, maybe they can walk a mile. Maybe.

Elder Seven: In the winter months though…?

Researcher: Well, but we can walk, there are places inside that you can walk. If it means taking them, for instance, into a mall in the city. Now I appreciate the northern communities don't have an indoor mall that they can go to. But some of the reserves close to the cities do. Others have big health centre themselves and we can just do walks around the health centre, inside. Inside the corridors. The Alexander Health Centre for instance you could walk. We'd measure how far around it is, we can have chairs all the way around the corridors so that if they get tired they sit.

Elder Five: In three months you may not even have contact with five or ten elders in the community to be able to participate in the program.

Researcher: Well, see that's part of what I'm asking you, your help with. What is the best way for me to get elders out? What is your recommendation for how I should approach

A, B and C reserves or A, B and C communities to get some participation so that we can apply again and say this is working. This is working, we need more funding. Because I believe, I believe strenuously, that the funding will be there. I have to function from that belief system or I'm doomed.

Elder Two: One way that I see that could work is to have a feast first, with the elders.

Researcher: Ok.

Elder Two: Bring the elders, and you have to have transportation too.

Researcher: Wait. (Goes to flip chart to write)

Elder Two: So that you can tell the elders why you need to get information from them. And so whatever happens at that feast, everything you need from them will be there. So it means you can look for dollars for the feast.

Researcher: Ok.

Elder Two: And you can find people in the communities for transportation.

Researcher: Volunteers.

Elder Two: Yeah.

Elder Three: There's lots of people that...

Researcher: Should it be, for instance, a community meeting? And have the whole community.

Everyone: No, no, just the elders.

Elder Two: Because we are working just with the elders right now. So then you can ask them, what is their role and responsibility for looking after themselves? What do they do? So, all the W's[who, what, when, where, why).

Elder Five: Not you, but someone from in the community.

Researcher: Right. Somebody else should be.

Elder Two: You just stay.

Researcher: I'll just stay in the background, and I'll write.

Elder Two: Yeah, yeah, yeah.

Researcher: So I need to identify someone within the community.

Elder Two: Exactly.

Researcher: Who can be my liaison, so to speak.

Elder Two: Exactly.

Researcher: Ok.

Elder Five: More than that.

Elder Two: Yeah, more. It could be Elder Five, it could be whoever.

Researcher: What's a better word for it? Help me with the word. What is a better word?

Elder Two: It's not liaison.

Researcher: No. What is it?

Elder Five: Emissary.

Researcher: Emissary?

Elder Two: Yeah, emissary.

Elder Five: You are going to the elders in the community. No, that's emiss...(correcting spelling)

Researcher: Oh.

Elder Five: Yeah, emissary.

Researcher: Ok so then, and we organise an elders' feast.

Elder Two: Exactly.

Researcher: And then what I hear you saying is, have the elders themselves identify their own responsibility.

Elder Two: Exactly.

Researcher: For their own health.

Elder Two: Exactly.

Elder Five: The five W's?

Elder Two: The five W's.

Elder Four: Who, what, when, where, why.

Elder Two: Yeah, and then you can probably speak, at why you need to have this project going and just explain to them...

Researcher: So this has to happen first before I give them background?

Elder Two: Well, first of all whoever is going to be the emissary, will be the one that's already gone to the community, have already gone to talk to the elders, say "this is the date, we're going to have this meeting."

Elder Five: Create an interest in the community.

Elder Two: Everything, and find out from the elders how much they want to see this project going so that they can have a better benefit, not only for them, but for the next generation of elders that are coming after them. To have good planning, how are you going to do it? And then you go on to the next stage of the third generation that is coming of elders. What kind of plan do we have for them? You don't talk just only for them right now. It's for the future.

Researcher: So go out into the future?

(Long pause while Researcher writes all this down on the flip chart)

Elder Two: Yeah. So that everyone can be like our brother Elder One. We want to find out how he keeps himself to be where he is.

Researcher: Yeah.

Elder Two: So that we can follow his direction, follow him, to be walking on the same road with him.

Researcher: Yes, right.

Elder Five: I know, I've been fishing with Elder One, he's really healthy, but he can't catch a damn fish. (Lots of laughter) He can walk for miles, walks along the creek for miles, he never catches.

Elder Three: He can say that about me going fishing.

Elder Five: But never catches a fish.

Elder Three: We went fishing one time and he was the one that was catching all the fish. (lots of laughter) I looked down in the lake and I seen all the fish swimming and I was trying to put my lure there, but they wouldn't bite it. He said, "let's trade rods." I said, "ok." So it was the same thing.(lots of laughter) He was catching all the fish. So we went to another spot and I cast and there was a beaver swimming. I just about caught that one.

Elder One: She caught the beaver. (Lots of laughter.)

Elder Five: Good trapper!

Elder Two: I'll give you… can I just give you an example?

Researcher: Yes, this is exactly what I need!

Elder Two: Ok. One time the Elders decided they were going to stop working in the community. So they gave the responsibility to all the young people that could run the programs in the community. So they said, "ok, we are going to give the young people a try out, see how much they have learned from us." So the Elders all stepped back, they all went, and let the young people. For ten years they stayed back. Everything started happening in the community. More dysfunctional things coming, obstacles coming. There were community people breaking each other up. The marriages weren't good. The children weren't listening to their families. All these obstacles came into the community. And the community divided into the territorial government section, into the band section. It divided itself right in half. It caused so much commotion. So one day the elders had a feast. They said "ok, we're going to have a feast today on this day." Nobody knew what for, they didn't know what the celebration was for, but they called all the people in. Right from the children, small babies all the way to the elders. They were all called into this big meeting. Everybody was having a good time at the feast and then all the Elders stood up. And they said, "we are sick and tired of how you young people have run our community." And they said, "this, this, this, this, this is all wrong." "How come you did that to our community?" "We gave you the responsibility to run this community this way and this is what happened." So they said, "from now on all the programs in this community, you can still run it, but we are going to be the boss again." So they went into alcohol and drug programs, they went into all the Chief and Council programs, they went into the RCMP programs, they went into every program. They sat themselves there from nine to five everyday. They watched how everybody worked in that community. And they said, "this is wrong how you are teaching this." "This is wrong how you're doing this." When the Federal government people came into the community, there was only the young people making the decisions. They sat right up there with all the Chief and Council and they said, "no, we don't want no road coming into this community because this is all that is going to happen if it happens." "So we want you to get out of here right now, go onto the aeroplane and go." They had no choice. They went on back to where they came from. They said, "we don't want any interference in this community until we clean up, and this is how we are going to clean up." So they cleaned up that whole community in less than a year. Everything fell back into its order. Alcohol and drugs is not allowed in the community. Drugs are not allowed in the community.

Elders are powerful, they're strong, they have good knowledge. Some of them might have disabilities, but they also say, it's our children, it's our grandchildren that are supposed to look after us. They are supposed to make sure that my dishes are done that if I need wood, wood comes in. Some of them say, "no I don't need that because I can still look after myself, till the day I die, I can do it." And that's very, very good.

Researcher: Yeah and that is what we want more of.

Elder Two: The thing is that now, we're seeing… what I'm hearing this morning in the meeting (Home Care Conference presentation), they're saying, "well we have to have this, we have to have this, we've got to have money for this". No, you don't need to have money for everything. You teach the family how to look after your mom or your dad if they are disabled. You give that massage because you love and care for them. You have got to do it for them. If you want to have some sort of therapy, then you go do it. There are medicine people in the communities that could give them medicine if they need medicine. But we don't need to have people going to the nursing station to get medicine. And that's something that the elders really pushed because a lot of our elders were dying one, two, three like right after the other. They found out that because of the sharing of pills with each another, that it caused a lot of sickness, and it caused them to die. Because chemically, they got off balance. And their body can't take it any more. So then we search for a nurse out there that's going to come into our community that is going to look to help these elders. They're going to look for this nurse that is going to be very strict in giving out pills and talk to the family about giving them therapy, that is how it has to be. We found her. She was working in Australia. We brought her from Australia to the community. The other elders, that had disabilities, were very upset because they couldn't get those pills no more unless they do certain things first. But they had to talk to the rest of the Elders that were teachers. "Why you doing this to us?" "This is what we really need to have." So this cost a lot of understanding, education. It helped the community to look at how it could have more responsibility for themselves, for their families, for the community. Nation had nothing to do with it at this point. Because it's right within the community structure.

You have to have this word called tough love. When you going to build something you got to be strong with it, you got to go forward with it. You can't look for any ways that you can fall with this program. And that's why I'm saying you got to put your foot in there and you got to be strong. You're going to have a lot of people talking and saying well this is not how you are suppose to do it. There's going to be people giving you different ideas. But that is ok too because other communities, everybody does it different. They're just different. But you can give them something to be looking at.

Researcher: Are there any other comments about this beginning? Do you think it is a good beginning?

Elder Five: Well, I hear one thing from what Elder Two is saying, and from all of us. I'll fry my own fish here I guess. What I hear her saying is, that if you don't have the contact or the understanding from the group of people that you are going to be working with initially, then you pretty much aren't going to go anywhere in three months. That's why the initial contact is so important .

Researcher: Is so critical.

Elder Five: And why it is important that Elder Two is suggesting that you have a feast. That, sort of, will be the tilling of the soil in that particular community. And if there's no fertile soil there well then you might have to move on.

Researcher: Move down the highway to another.

Elder Five: Yeah. But that will be a large determinant. And I like her suggestion of having direct contact with the elders themselves, bringing them together. It is out of that, and I will go to a fishing analogy, out of that pool of people that you will actually have those that you will have, may, be permitted to work with for the three months. It's an excellent suggestion.

Researcher: Yes, what I would like to have is more information about the emissary. Let's talk about the emissary. What do I need to look for in my emissary? (Taking a clean sheet of flip chart paper)

Elder Five: That they have a Harvard degree. (Lots of laughter) Blond hair, blue eyes, no.

Elder Two: You have to look for someone who is a motivator.

Elder Five: Schooled in French. (Laughter)

Elder Six: It should be someone who is respected by the elders.

Researcher: Good.

Elder Two: And somebody that speaks the language.

Researcher: Yes.

Elder One: Commitment.

Elder Two: Yeah, someone who would be committed.

Researcher: Commitment to their community?

Elder Five: To the elders.

Elder One: To our ways.

Elder Five: Perhaps even a leader in their circle. Or a, well, maybe a younger person who is not quite an elder, like myself.

Elder Three: Oh, you are an elder?

Elder Five: I'm not offering myself. (Laughter)

Researcher: Right, now tell me, is there an age?

Elder Two: No, no, no.

Researcher: No age specificity? Starting at any age.

Elder Two: When you've earned, you have the right to be an Elder, you earn it to be there.

Researcher: Ok.

Elder Two: You don't have to have a certain age.

Researcher: Ok.

Elder Two: Otherwise then you are labouring, no labelling.

Researcher: Labelling, right, ok. So what else do I need to know, or to look for, in the emissaries that I go looking for?

Elder Two: Age? What?

Researcher: Do they have to be active themselves?

Elder Two: They have to be well known in the community.

Elder Five: In a positive sense.

Elder Two: Yes, positive.

Researcher: Famous, not infamous?

Elder Two: Yes. (Laughing)

Researcher: Any other? Can it be male or female?

Elder Two: Doesn't matter, as long as they have that good, good, that they are both beautiful people.

Elder Five: Or both.

Elder Seven: You could have both.

Elder Four: You could have that too, one of each.

Elder Five: Oh, I thought she was referring to someone who was both. (Lots of laughter) Two spirited. Sorry, that's honestly what I thought you were suggesting.

Elder One: Gee whiz . (Laughing)

Elder Six: Some of the elders don't look kindly on "or both", in that sense.

Elder Five: Yes, I know, well they're not surviving.

Researcher: There's been a lot of talk about traditional versus, what's the word? There's the traditional ways.

Elder Five: Garth Brooks?

Researcher: Yeah.

Elder Two: The cultural ways or the modern society?

Researcher: Yeah, the modern ways. Does that matter? Which way their philosophy goes?.

Elder Five: (Turning to Elder Seven) You're young and modern, you tell us if it makes a difference. You're university educated.

Elder Seven: If what? I'm sorry, I...

Researcher: The emissary that I pick to work with my elders and to bring my elders together, is it important that they be a traditional, have a traditional philosophy, or a modern philosophy, or, be able to keep an open mind?

Elder Six: An open mind, you should be...

Elder Two: Today you have to have an open mind.

Elder Four: Yeah, open-minded.

Elder Seven: Because you want both.

Elder Two: But in some communities it might be just one, you know?

Elder Three: Depending where you go. Depending what community.

Elder Six: Yeah that's going to make a difference.

Elder Seven: But for yourself, because this is research oriented, this is educational for you, you want somebody that's going to be able to communicate back to you in the language that you understand.

Researcher: That's a good point, they need to be able to communicate with me.

Elder Three: Connect good with you.

Elder Five: And you don't speak Cree or Ojibway or Dakota or Salteau I take it.

Researcher: No, but I am taking Cree lessons.

Elder Five: Ok. How can you do that?

Elder Seven: 'Cause, you know that's from, I heard that yesterday. From the book, I forget where I heard that, 'cause when you take lessons at...

Elder Five: The U of A?

Elder Seven: At the University, you're learning from, how the priests translated it, so it's not the real way.

Elder Two: Lionel Whiteduck was saying, yeah.

Researcher: Yeah, right. I'm not taking Cree at the University. I have native friends that are teaching me.

Elder Four: It's like the Micmac. It's the pacific that they use now in the schools and colleges and that and it's not the same Micmac that is spoken to everyday.

Researcher: Well, it's the same as the French we learned at school. It's not useful anyplace either.

Elder Four: And it's the same even with the Micmac. They have, like *seloui* for instance, salt. They've taken the French themselves and just added on *oui*. So you have that. And they've done that a lot in a lot of native words, you know? In a lot of things.

Researcher: When I go looking for my emissary, how should I do that? Put out an ad in the newspaper?

Elder Two: No.

Researcher: Go to the Health Centre?

Elder Three: Do the same thing you do with the elders.

Researcher: Get a referral? Get referrals?

Elder Six: Also, what Elder Two just said is very important.

Researcher: What's that?

Elder Six: That you put your tobacco down and you ask.

Researcher: Ok. How will I know who to put the tobacco down in front of?

Elder Two: No, no.

Elder Three: This is not a ceremony, this is your own. Before you go and ask. And make sure you are not on your time.

Elder Two: Yeah, right. And make sure you ask for the kind of person you are looking for. Be specific.

Elder Three: And make sure you have a skirt too.

Researcher: Yes, I will.

Elder Three: To do your ceremony.

Researcher: Yeah.

Elder Two: That's how you do it. We all have to do that. Like even before I come, I have to pray that my brothers and sisters have beautiful hearts so that we can work together in a good team. That we can bring down, the most important thing is our elders. Is to help them.

Elder Five: There is one word that is missing in all of the discussion we've had and that is the word respect. And I think that somehow respect is…

Elder Three: Yes, respect is there.

Researcher: Yes it is, back to the beginning? (Turns back flip chart pages)

Elder Five: You've got that they are respected by the elders. That's not what I mean.

Elder Two: Yeah, just well respected.

Elder Six: Respecting each other. Just put in brackets each other.

Elder Five: You're talking there about your emissary. I'm talking about perhaps, turn the page over, now, there, respect. (On the page titled my personal preparation)

Elder Three: We were coming to that. (Lots of laughter)

Elder Seven: These young elders. (More laughing)

Elder Five: Impatient, I rode too many horses in my lifetime. Horses have no patience.

Elder Three: In other words, he has a horse brain now. (Lots of laughing) He just got that.

Elder Five: I like grass.

Elder Three: He just caught that about five minutes later.

Elder Five: Zing!

Elder Three: When they first called me an Elder, this was in Edmonton, and I, I think it was a Chiefs' meeting, and I was going to pay for my registration. And this woman came running up and said, "no, no, no she doesn't pay, she's an Elder." I didn't say anything. So I went to my husband, the late Alex Skeet. I gave him tobacco. I said, "these people are calling me an Elder." And Alex said, " leave it up to the people." He said, " they see you working with the drugs. They see you being a helper." He said, "they always see you working around the drugs, they see you take care of the pipes, they see you take care of the elders." When the elders want something I go get it. If they want coffee, I go get it. If they want tea water, I make sure there's always water there. He said, "that's how these people see you." " Just leave it up to the people."

Elder Five: I think what I was referring to in respect is, that I know you are going to have to approach people within the community in order to come up with an emissary, someone who will make things easier for you in the community, but in your presence, in the time that you are there at the elder's gathering or any of your dealings with your emissary, there is such a diversity among our people, it's incredible.

Researcher: Yes.

Elder Five: You have to have within yourself the capacity to respect each one of them with that difference. And that is I think what I was referring to.

Researcher: Ok.

Elder Five: And that takes the development of that capacity within yourself and it's not something that is easily acquired.

Researcher: No.

Elder Five: But it is something, someplace in your mind you should carry that quality with you, for my money. If the elders see it there, then the door is open for you. But if they see that it is lacking, even if you have the prayers and do all of the other things, then you'll get nowhere. That's the way it works.

Elder Two: And also too, patience. It is also really involved with respect. A lot of times when you work with elders, they are going to go to the same story one after another and you've got to sit through it. And listen. Listen very carefully. They might give you, because it's the same story, they might give you something else in each of the different stories, I mean the same story, but some little message.

Elder Three: And another elder might tell you the same story, but in a different way.

Elder Two: Yeah.

Elder Three: I sure found that out! I used to go to this Elder from Sioux Valley. And then I used to go to Auntie Mary. I used to go to, what we call, Elder hopping. And then I went to this Elder in Sioux Valley, I was talking to her. I said, "you say this, and this other Elder says this, and this other Elder says this." "Elders say things different." All she told me was, "you're not listening. Listen." So I came here one time and she was one of the speakers and I came and listened to her. That's when it clicked. "Yes, I know what she's talking about." And this Elder said this but in a different way. She's saying it in a different way. Now I can just pick up like that, (snap of fingers) an Elder's talk. And that one Elder may tell you something and then you go to another Elder and you say, "yeah, he said that, I don't have to hear that." You know? Because a lot of our young people, a lot of our young people say that. "I've heard that before." Plus my own kids say that. My daughter told me one time, "Oh mom" she said, "you're always saying that, you're always repeating yourself." "Auntie Mary says that too, you know, and Elder One says that." I say, "Jessie, listen." "There's a message there for you, listen." I said, "you have to start really listening." My grandmother used to tell me that,
(Cree for listen carefully) It's "listen very carefully". And if you miss something, that's just too bad. You know, maybe you'll only hear it once and you wouldn't hear it again. That's one of the teachings.

Elder Two: And you're going to notice too, that a lot of elders don't like tape recorders.

Researcher: Yes, I'm aware of that.

Elder Two: So you have to have someone there to write for you.

Researcher: You mean an interpreter?

Elder Two: But you could do it offside. It depends on which community you're going to. You might need an interpreter. So if you go into the communities and you are writing down, you have to make sure that you have somebody that speaks the language is also writing. So you find that out from your community, the community band office, or whatever.

Elder Three: And sometimes too, in communities, they have a protocol.

Researcher: Right.

Elder Three: A protocol. You have to go to the Chief and Council and see if they have a protocol.

Researcher: I go to the Chief and Council?

Elder Three: Yes. And make sure that you tell them ahead of time that you are coming.

Researcher: Yes, make an appointment?

Elder Three: Yeah.

Elder Two: Yeah, and they will say, "Oh gee whiz, this person from another university coming in again wanting to know more things." (Laughter)

Elder Five: The question for me arises, who's the Chief in Edmonton?

Researcher: In Edmonton?

Elder Six: Yeah, well, no. You'd want one of the surrounding communities.

Researcher: Yes.

Elder Six: This is when you're in the community?

Researcher: Right.

Elder Five: But if you're thinking of doing something.

Researcher: Right, but if you do something, if I go into an urban, if we do something in…

Elder Two: Say Winnipeg.

Researcher: Yeah, Winnipeg, or?

Elder Five: Yeah, do Winnipeg. Isn't there a Chief in Winnipeg? (To Elder Six) What happened to him? There was a guy that was elected Chief for all the representatives, at the Assembly.

Elder Six: Oh, ok.

Elder Three: That's Phil Fontaine.

Elder Five: It wasn't Phil that was elected it was another guy. There's another guy.

Elder Three: Oh that's the first time I've heard about it.

Elder Five: He was at the national discussions on the constitution as the official chief or spokesman for all the First Nations people in Manitoba who were living in the City of Winnipeg.

Elder Three: Oh, I didn't know that.

Elder Two: You might have to hit, like if you're in the city.

Elder Five: Hit?

Elder Two: Like the Friendship Centre.

Researcher: Like Martha Campieau and her group?

Elder Two: Yeah. So you might have to hit people.

Elder Five: There's that word coming out again. A baseball player. It's a hit, no, it's a double. (Laughter)

Elder Seven: Or like, in Edmonton, the Royal Alex, they have the Aboriginal Wellness Centre.

Researcher: Right.

Elder Five: And the Aboriginal Advisory Committee.

Elder Seven: Right, yeah.

Elder Three: (To Elder One) What's that place that George Munroe works?

Elder One: The Mumaway.

Elder Three: Yeah, the Mumaway Witcheta Centre, just put Mumaway.

Researcher: And where is that? What community is that in?

Elder Three: Here.

Researcher: In Winnipeg?

Elder Three: Yeah.

Elder Five: What's George?

Elder One: It's a centre.

Elder Three: Yeah, a centre.

Elder Five: What's George's last name?

Elder Three: George Monroe.

Elder One: He's the Executive Director.

Elder Three: He's the Executive Director. Crazy George, that guy he's…

Elder One: He's a Tribal Counsellor in the city too I think.

Elder Three: Yeah.

Researcher: There are Tribal Councils in Winnipeg, or?

Elder One: There are two.

Elder Three: Yeah, Southeast and (Cree –this child?)

Elder Five: Elder One, who is in the South East Tribal Council? Do they have a health person?

Elder Three: Yeah. Oh yeah.

END OF TAPE ONE SIDE A

TAPE ONE SIDE B
(Approx. the first 20 minutes of side two, tape one, was lost due to incorrect recording procedures.
Some documentation of the discussion was recorded on flip chart that is included here.)

When the tape is finally recording again Elder Five summarises: Researcher is clearly instructed to prepare herself.

(Flip chart notes): PREPARE MYSELF

- *prayer*
- *put down tobacco*
- *skirt*
- *mid-cycle (not on my time)*

RESPECT -- in my preparation
LISTEN -- to the variation in the capacity of each elder
Quiet PATIENCE
LISTEN -- honour what I hear
-- to what I can do to help

- *go to Chief and Council (make an appointment)*

Researcher: We missed the last half of the tape so we're re-recording. This is "note to file".

Elder Five: Researcher is clearly instructed to prepare herself.

Group: Yes.

Elder Two: So now we go to the next stage.

Researcher: In terms of taking two approaches to this: Going to reserves or going into city Aboriginal communities.

Elder Five: Number one, before we continue, can we just strike the word "reserve".

Researcher: Ok.

Elder Five: Because there's such adversity.

Elder Three: Put "First Nations".

Researcher: Ok.

Elder Three: We're not animals to be reserved.

Elder Five: We reserve the right not to be called reserves. (Unanimous agreement)

Researcher: Good, good, good, good.

(laughter)

Elder Two: I just want to give you this idea because it has been hitting me, and before I lose it.

Researcher: Ok.

Elder Five: There's that word again, hitting.

Elder Two: Hitting.

Elder Three: Hit him again!

Elder One: Like a drum.

Researcher: Don't let her lose it.

Elder Two: When you go into one of the communities, just say it's a community, ok, a First Nations community. And you go into there, and you have the feast, you have everything and an elder might say, "well I'd like to recommend something different." "What I worry is that I live in this community but there is another four more communities that live around." "We want to know if we could expand ourselves to invite these four communities, so the region..."

Researcher: Right.

Elder Two: The whole region.

Elder Five: What do you say?

Elder Two: What would you say then? How would you do that?

Researcher: I would say, "yes, I would be happy for us to expand and bring in as many elders as possible to participate."

Elder Two: Ok.

Researcher: Then I will ask that elder, who has suggested it, for his guidance on how to proceed in approaching those other three or four or five communities. Is that true?

Elder Two: Yes.

Researcher: That's what I would do, right?

Elder Two: Yes, that's what we'd do. They will ask that emissary.

Researcher: My emissary that I…

Elder Two: That you brought there to work with you the, they are going to say ok we want that person to come into the communities too, to do a study.

Researcher: Ok so I ask my emissary to go out to the three, four, five communities and set up a similar feast? And we do a feast in each of the four communities to get their agreement to participate.

Elder Two: Yeah.

Researcher: Ok, good.

Elder Two: Yeah. So that's just an idea.

Researcher: Yes, good. That's actually the best, that would be perfect.

Elder Two: Yeah.

Researcher: That would be the very best as far as I'm concerned because, the more the better. The more people that will participate, especially.

Elder Two: I'm a very community oriented person when I'm working with something like this.

Researcher: Good.

Elder Two: And I know some other people do it in their urban setting, like in cities.

Researcher: Right. How will it be different in an urban setting? Do you have any idea of what I should expect for it to be different? How will it be different? What, how will I do it differently?

Elder Four: In the urban you wouldn't have the Band Hall to start with, you know. In the city there are other places you could go but in the community it would be the Band Hall you would have to approach, that you would have to call and make the appointment to see the Chief there and start there.

Researcher: Yes.

Elder Four: And see the Chief there and start there. I mean, he may delegate you to somebody else but you would have to start there.

Researcher: Ok, so let me see if I understand correctly, to find my emissary, do I go to the band council first?

Elder Three: No. First you have to find out if they have a protocol.

Researcher: Ok.

Elder Three: And then go to the health people that work in that community.

Elder Five: That's where I'd start.

Researcher: Start at the Health Centre?

Group: Yes, yes.

Elder Three: For example, if you went to Paskraw Cree Nation, you would phone the Chief first, and tell him about your program and ask him if it is ok for you to do this study. And then you would phone the health people because the Health Centre is right at the Band Office.

Researcher: Ok. How would I know, in that particular situation, I have to call the Chief before I go to the health office?

Elder Five: "Good afternoon, my name is Researcher." " I understand that your name is Elder Two Wilson or Elder Two Blondin and that you're the Health Director for your community." " I'm about to undertake this study and I want to hopefully involve your community." " I need to know if there is a protocol in your community that I have to follow in order to be able to meet with your elders and to ensure that all of the people in the community are aware of what it is I am trying to do."

Researcher: Ok. So I can do that over the phone to the health community. And she will say, "you must speak to the Chief first."

Elder Five: Or you should.

Elder Three: Or she can, or you can phone the Chief.

Researcher: Oh, you can phone the Chief?

Elder Three: Yeah, yeah you can phone.

Elder Two: And then you can say there is a letter following of confirmation.

Researcher: Right, right, good, ok.

Elder Three: And tell him that if he needs more information that you will fax more information to him.

Elder Five: Or her.

Elder Three: Or her.

Elder Five: Because there are some.

Elder Three: Or them, or both, or all of them. (Lots of laughing)

Elder Five: Whichever.

Elder Six: Because then they may give you leads, like who to talk to, or connect you with the person you're looking for.

Researcher: Right, right.

Elder Three: And then phone the Health Centre. And I know we have a very good Health Centre in Paskraw Cree Nation.

Elder Four: You see, in the east, in the east there are some places that do not have Health Centres.

Elder Three: Yeah, and in the north.

Researcher: Yeah, no. So then I phone the Chief?

Unanimous: Yeah, you phone the Chief.

Researcher: Ok.

Elder Five: Very many that don't have Health Centres.

Researcher: There are many that don't have?

Elder Five: That's correct.

Elder Three: Up north.

Researcher: Ok. So, to go back to our city predicament.

Elder Three: That first bit put CHR.

Elder Two: Community Health Representative will most likely be directed to you.

Elder Three: Yeah. Yeah. CHR.

Elder Five: Every community has an R. It says see (C) h "R". (Lots of laughter) See h R.

Elder Three: Can you please knock some sense into him. (Laughing)

Elder Five: Forget it Elder One.

Elder Two: He's got two plus this.

Elder Three: He's got two plus two.

Elder Five: In the urban areas?

Researcher: Yes. I appreciate that they are so different. That the problems are very different. Well, that's right, they're not different, but the sense of community is different.

Elder Two: Yes.

Researcher: So how? What I'm actually hearing from you guys, and correct me if I'm wrong, is that my pilot projects should run with First Nations.

Elder Two: Yeah.

Elder Five: No.

Researcher: No? You're not saying that? I hear all of you, you're only talking about First Nations, not urban communities.

Elder Three: First Nations.

Elder Five: That's as far as we've got.

Elder Three: As far as I'm concerned, like First Nations people is not.

Researcher: Urban and rural.

Elder Three: Yeah. There's no division there.

Elder Five: Yeah, you have to understand, before we got settled there were no cities and we sort of travelled around or stayed in one spot.

Elder Three: (Laughing) "We", what do you mean "we?"

Elder Five: There were, we weren't divided into "on reserves" or "off reserves," or whatever. We were known by our traditional names, our peoples. So, this placial split never existed.

Researcher: Right. But now it does though, and it is very real.

Elder Five: No, it doesn't, it still doesn't exist. It just...

Elder Seven: It's a migration.

Elder Five: It's a product.

Elder Seven: Between the rural community and the city is happening all the time.

Researcher: Is it a coming and going, coming and going, coming and going?

Elder Seven: Yeah.

Elder Five: It's a fiction created by non-aboriginal society.

Researcher: Ok.

Elder Five: A legal structure for that matter too.

Researcher: Then.

Elder Five: And it is only to accommodate your interests that it's done, but I'll get a lecture on that.

Researcher: No, no you won't.

Elder Five: I will, thank you. But that's all right, I won't go into that. (Laughing)

(the group is laughing a lot and teasing Elder Five)

Elder Three: So he walks away.

Elder Five: I'm going to have a coffee.

Researcher: If he's going to get a lecture, he's going to walk away. What does that say to me?

Elder Five: There is no coffee (inaudible)

Researcher: You guys drank all the coffee.

Elder Three: Phone Steve for more coffee.

Elder Five: Yeah tell him to bring more coffee.

Elder Two: When I look at the urban setting, where the First Nations are.

Elder Five: You see a lot of pollution.

Elder Two: I see that they're educated into the modern world.

Elder Six: Yes, me too.

Elder Two: So I see the cultural aspect, traditional knowledge aspect, is slowly dying with the people in the city, in the urban setting.

Researcher: Right.

Elder Two: And that's why they have to have teachers like us. When I look at the First Nations people we have traditional knowledge, we have our culture, we have our ceremonies, our songs, our dance, everything we have. So the urban people, when I was here this summer, I went to some powwows. There were just a little bit of people at the powwows. And all of these people, I can remember a long time ago at powwows I used to go to, oh, talk about beautiful clothes, beautiful dresses, beautiful everything. The beautiful colours, the beautiful bead work. You could just see so much love, so much culture, so much everything in the costumes. And today I see they just throw it together any old way.

Elder Three: One of the things too, I find out, is these competition powwows.

Elder Two: That's no good, competing.

Elder Three: That draw people. It really creates a lot of bad feelings with those competition powwows, you know.

Elder Two: So the ceremony of it is dying, like in the urban setting with their powwows, is dying, but if you get in the northern part, like say, like say Manitoba for instance, the northern part. It might have all the traditional clothes, the way they sing, they are not going to have money to give in the powwow, there won't be any competition, but they will have beautiful blankets, they will have give away type of thing.

Elder Three: I think north-western Ontario is a good example because that is where these traditional powwows started, like Shoal Lake.

Researcher: Yes.

Elder Three: Like, you know.

Elder Six: And they are still going on.

Elder Three: And they are still going on. Their very first powwow, I went to their very first powwow, their traditional powwow. And they had beautiful gifts for us.

Researcher: Alexander Reserve, on Father's Day, holds a traditional powwow that I was invited to this past spring and it was magnificent. It really was magnificent. Just quite, quite incredible.

Elder Two: Because when the drum hits, the drum is connection. So when you're dancing in there, you're not dancing to show what you have but you're dancing in there, to be able to heal when the drum starts to play. All the spirits come and they start healing the areas that you need to be healed. It brings, my hair stands up like this in the back, and I just feel this energy power going through. That's the true spiritual dancing. But when people do it in the urban setting it's just like, I'm just showing off, what do you call that thing?

Researcher: An exhibition?

Elder Two: An exhibition, or whatever, yeah. Performance.

Researcher: Yeah. So am I hearing, to really make this idea work, first of all, do you agree that if I could get seniors and the elders more active, a) that they will be better? That they will be healthier? And that, that like dominoes, will fall and spread out to the rest of their community?

Elder Two: If you finish this page then we would go on to where it has to be.

Researcher: OK.

Elder Six: You know one of the things I'd like to say is, that there are lots of elderly people who are healthy and able to take care of themselves. And maybe they smoke like chimneys but they never drank, never abused their life and they follow a pretty spiritual path and religious path, whatever but they've basically taken care of themselves. And you know, their mind is clear and, you know, the one's you see in the hospitals are the ones that have been traumatically stressed, lived with alcoholic husbands, not that they've even drank themselves but they've been living a life, a hard life. They're the ones that are sick.

Elder Seven: Can I, I'll share this story with you with this lady I'm very close to. Because she sort of has adopted me into her family and she's the one that has exposed me to all of the ceremonies. If it wasn't for her I wouldn't have been brought in the way that I was. Because you need to be invited, like you know, and all that stuff. And she has very bad diabetes and it's really, and I'm really worried about her. But she's very, her English, she doesn't speak her English very good, and she's very much, very traditional. And she travels to try and get the medicines that she needs. She has a hard time because she has custody of her three grandchildren. So she can't travel the way she needs to, to get what she needs to get to the ceremonies she needs to get to for healing and to get the medicine that she needs to get to. And I can't. Like you say, how can I help these people to increase their mobility, to benefit their health? You can't do it. You can't do it.

Researcher: No, I can only offer them opportunities. It is up to them to accept them, for sure. I appreciate I cannot make them do it. I can't. I do know that.

Elder Seven: 'Cause it goes like what I've learned with this friend of mine is that, because I believe. This is what I believe. I believe that in the old days, when there was no chemical pollutants, the food that we were eating was pure, our life was pure, traditional medicine, it worked. Because you had everything going in tune with the healing. Now there are so many outside forces that are pressing people, that they can't get the healing that they need. And it just keeps coming up and up again. It's the family. And until you look, like you're trying to focus here with the elders, and it will be good. And hopefully, you know you'll get a lot of the information that you need. So that you know thinking about programming or pumping more dollars into these communities but basically it comes to like what Elder Two... It's teaching, it's in their community and the people in the family and stuff, how can you reduce the stressors that your parent is living with right now, your elder, your grandmother or your grandfather so that they can be healthy? Because there's other things going on why some of our elders are having bad diabetes, bad heart disease, obesity, There's things going on in their families that's causing that.

Elder Five: That's right.

Elder Seven: And so you need to be. I'm sorry, I don't mean you need to be. Just to be aware that by, say me, like this is what like I think is trying to teach the young people. You need to ask your grandmother, your "kookum" to go for a walk when you get home from school because she's been sitting in there all day with those babies and go and take her for a walk. Those are the sort of things that.

Researcher: Yes, right.

Elder Five: This is precisely what I was going to say. Not in entirely that same way, but about the city. Many of the elders that live in the cities live encapsulated lives. And if you want to get into contact with them, you're going to have to spread yourself thin and contact almost every single agency that serves Natives or First Nations Peoples in a particular urban area. Contact as many of those people as you possibly can and use them as a resource to put you in contact with the people that you really, really want to serve or really, want to work with, which is the elders themselves. You're not going to be able to realize it, in contrast to the First Nations communities, through the establishment of one emissary working out of the Chief's office or working out of the Health Centre because it's a different type of community. But that doesn't mean that you can't do it if you... you really have to extend yourself and reach out. You have to expend the time and the energy to do it right. And it's not something that is going to be accomplished through one phone call. Because each of the different agencies that work with Native people in the urban area have their own agendas and their own way of doing things and their own contacts. And some of them are completely useless and fruitless to go on, but I can't help you by saying which ones are good and which ones are bad but some of them will help you come into contact, for your own purposes with the people that you're trying to reach.

Elder Seven: Headstart is a good one because they try to incorporate elders into their programming. So you might, you can...

Researcher: Yeah.

Elder Six: And you know a lot of these older people are busy. They're not like laying around watching TV all day. They're busy, they're doing things, they're taking care of their homes. They're cooking. I spent two weeks with an elder this summer. And after that two weeks I told her, I said, "you can't keep eating like this!" She's got diabetes, she's got high blood pressure, she's got cancer. And, I said, "four times a day." " Big, humoungus meals." Mind you, she's got people coming in and out of her house all day long. I washed enough dishes to last me the summer let me tell you. And I said, "you can't keep eating this way, you can't, you're going to get sicker." She said, "gee I wish you could stay with me, she says you'd get me on track." Would I be able to get her on track? This is her way of eating. This is her way of living. How do you change that? You know. Grease laden food, you know. So you can, it's impressive, you know, that I told her, you shouldn't keep eating this way. She said, "yeah, I agree with you." But how do you change that life style?

Elder Two: And that's, I'm just so, like happy that you're here, Researcher. Because we've been, like the community really needs an improvement for elders. And I tell you something is that where the elders are really going to thank you in the end for what you are doing for them, because finally something is coming for them. Because they have been left out for years and years. It's just about fifty years they've been left out now. Since our people have become educated.

Elder Four: There's always everything for all the other areas.

Elder Two: They had a lot of respect for them before and now that respect has been lost. And this is excellent. It doesn't matter how you do it. You get in touch with people so that you can get everything you need. Three months is not a long time. You might ask for an extension.

Researcher: Oh, I will ask for an extension, but I have to show them that we're moving in the right direction.

Elder Two: Yeah.

Elder Five: Many of them are not busy. Many of them are actually imprisoned in their homes.

Unanimous: Yeah. House bound.

Elder Five: I mean imprisoned because they have to come into the city of Edmonton, because of the restructuring in our province. They have no other place where they can come because the services or the particular medical care that they need is not available in their community. They have to come to the City of Edmonton, they have to stay in an urban area, they don't speak the language of the people around them; they don't know how to catch the buses, they don't know how to, some of them don't know how to use the phone. I mean, they're not in contact with modern society. They've spent all of their life living in the north, on trap lines and hunting and fishing and all of a sudden their body starts to go on them and they need help and the only, they can't stay in their communities to do it. You have to pop them into the City of Edmonton, they're completely isolated, they're imprisoned. The only contact they have is an odd contact, when a relative or a friend comes to visit them or to take them to the doctor. That's about it. You're going to have, some of these people you will encounter, they're not all busy and they don't all have people coming into their houses.

Elder Six: Well that was an Elder I visited, so that's why. But just a regular person, an older person, I wouldn't know what their lifestyle was like.

Elder Five: I have an aunt who only goes out to shop. That's the only time she ever leaves her apartment, is to go out to shop.

Elder Two: And they have so much fear.

Elder Three: Yeah, Yeah.

Elder Five: Yeah.

Elder Two: A lot of these elders too get abused, very badly abused by either their family, their own children, their grandchildren, or they get abused by other people, other community members. Some of them get robbed, some of them get sexually abused. And it is just incredible.

Elder Three: One of the things I really got after my daughter. I think she was only thirteen or fourteen. We went to visit in The Pas. No, she was younger. She was nine or ten years old. We went to see my sister, but she lived right next door to my mom. So my daughter comes. She says, "Oh," she said, "granny paid me $5 for washing her dishes." I said, "what?" "You go back and you give that money back to your grandmother." "She shouldn't have to pay you, you know." So I took her back. I told my mom, I said, "she's got something to give you." So she gives back her five dollars. I said, "Jessie" I said, "you never, ever, ever charge your grandmother, she shouldn't have to ask you to do her dishes." "You should just automatically do her dishes, clean up her house, she shouldn't have to ask you." I said, "you never." And my sister said, "that's what Elizabeth does." I said, "but not my daughter." You know our mom shouldn't have to pay her. Or our mom shouldn't have to pay us to go and clean up our house. Because when I used to go and visit my mom, I used to just clean up her house. And my mom has been abused by my two sisters. And Elder One has seen that. They used to, before my son took over her finances. (Aside) What do you call that -- power?

Elder One: Power of Attorney.

Elder Three: Yeah, he's the Power of Attorney now. Now my mom's got over three thousand dollars ever since he took over her finances. Before my mom never had any money in her bank account. And then my sisters get mad at my son because my mom says, "well, you have to ask John." Right? And they get mad at him and I told my son, "don't let them push you around."

Elder Four: The whole scenario has changed too. When I was young, a long time ago, it was automatic Saturday morning. Saturday that was grandmother's day.

Elder Three: Yeah.

Elder Four: We went to Nana's house. That was it. We did things to help her. If there was wood needed to be brought in, it was done then. If there was other things that had to be done, we did it. There was never any payment. It was done because we knew that we were helping her and we loved her. Today, the children, even my own son one day said to me, I asked him to go to the store. He said, "you pay me, I'll go to the store for you."

Unanimous: Ooh.

Elder Three: Oh, if it was me.

Elder Four: Well, my husband heard it. And he made him go to the store and then he made him walk a half a day, back and forth, from the house to the store. He never asked me again! But this is the thing, and it is done. The children ask and it's given. It's almost like they have to. That's got to change. There's got to be a relationship again developed and nurtured. Maybe there has to be third party people allowed to come in to bring the young ones and the grandmothers and grandfathers together again. And do it, not because it's got to be but because we should.

Elder Two: It's respect.

Elder Four: Because the respect is there for your elders.

Elder Six: And you can see just by what you're saying, how that is so connected. When the circle is broken, mishap. But when things are conducted, the way I was brought up, I was brought up to be very conscientious about my elders. And I don't have a problem with that. I've always respected my elders, all elders, not just my own immediate family. But every elder.

Elder Three: When my daughter, Jessie comes and she stays with us, Elder One can tell you this. As soon as she walks into the house, right away she cleans up the whole house. She even washes the ceilings, everything. She'll start cooking, look after her children. We don't have to ask her. When I'm away, she looks after him. You know. When Elder One has to eat, his supper is on the table right away. His clothes are clean. And that's the way I trained my kids, even my sons. You know. My sons...

Elder Four: Maybe one way that it can be done too, or begin the beginning step, is with story telling.

Elder Three: Yes.

Elder Four: Bring the young ones in to the grandmothers or get the grandmothers and grand fathers to come. Maybe some sort of a gathering to combine story telling for the children.

Elder Two: Elder One?

Elder Three: (*Cree for he's sitting crooked*) We're all sleeping?

Unanimous: No.

Elder One: I'm going to give you my perception of life.

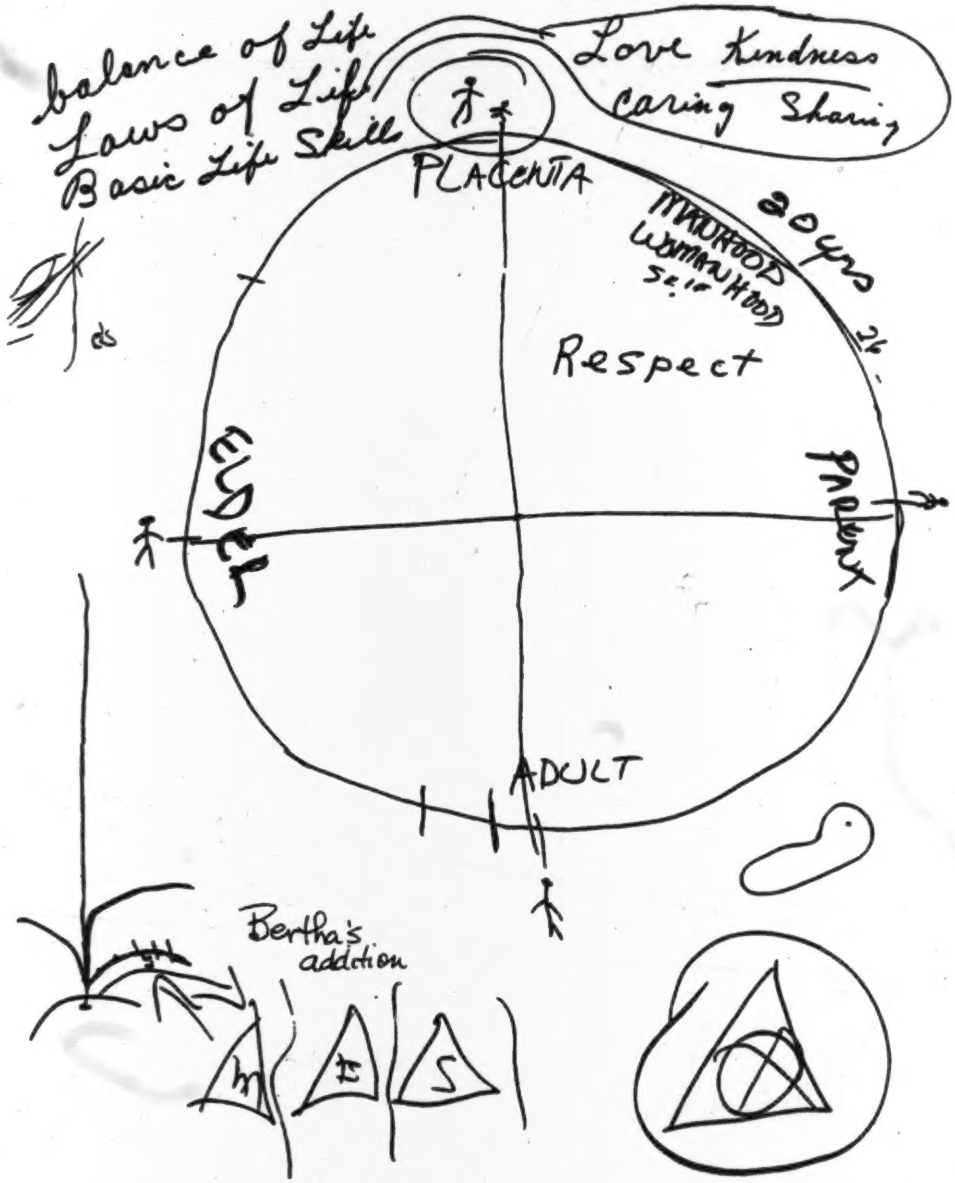
Elder Two: Good. Talk loud so we can tape it.

Elder One: (Drawing on flip chart – See Figure 2, p. 202) Yeah. We always talk about the circle, the never-ending circle. And there's also four directions that we always talk about and believe in. And in our custom we move clockwise as some of the tribes in our Nations go counter-clockwise. But anyway, this is the clockwise principle.

When you are born, this is the way I have learned traditional teachings.(drawing on flip chart) Some of you might have heard that, when you're born this is a two decades, twenty years. As a baby, as you reach here, you're twenty. As you reach here, you're forty. As you reach this stage, you're sixty and if you're lucky to complete the circle, you'll be eighty. Somewhere in this stage, between here and there, I was taught that an elder begins to move back to a baby. That's when you will begin to notice the elders that are really getting on, they become helpless, as a baby, as a baby began in this life, a baby had to be changed with diapers, clothes and all that. And that's the time when an elder reverts to that. The elders then have to be understood. They are not helpless, in the sense the way you see them, but that's the cycle. That the remaining cycle, you go back full circle.

And that's what you have to understand about where do you stop helping the elders. Probably between here. That they can be able to help themselves. But supervise them. Kind of watch them. Because many elders, at times when I came across with sort of, get offended because people tend to think that they are old (laughter), and helpless. Whereas now there is still things they can still do for themselves. And for that reason that's important in this phase of the circle. Always remember that. They have pride, which they always had. We had an eight-five or ninety year old elder that can still pull a load of wood back home, for about at least a good mile. And he did that every day. And he always said to us, "until the time comes when I'm unable to pull a sleigh, and that's the time, I guess that I would need somebody to assist me, until then, not before." Too many times, that's the way I was too, with my dad, as I seen him getting on. I seen him already old too early, and I wanted to be of help, but I wasn't of help, I was more in the way of him to continue his own life, ok.

Figure 2. The Circle of Life.


balance of Life
Laws of Life
Basic Life Skill
Love Kindness
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PLACENTA
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So that's the, this is the simplest way for a person to put one perspective, how your cycle of life goes. There's a lot of things in between here that we talk about. And so is here and so is there. When this elder reaches back at the birth, then the teaching begins this way. These two will now come back together, the elder to teach the young.

I proposed that idea one time, that the seniors' centre should be adjacent to a day-care. For the purpose of language. The elders, the only good teachers to bring back that language. The staff are not only there for money, to get employed, they don't, even though they might still have the language, they are still obligated to speak English. The language will always have to be communicated back where the elders meet the Kindergarten children.

Five, four, five years ago I was given the opportunity to teach language at our school. For one year I took that, I could have still been there but I wasn't used to being a teacher to being closed in a room. So right up to September, I taught them like this on a blackboard, right up 'til February, I worked from Kindergarten to grade eight. And after February, I said; "now, each class, I'm going to start taking you to the bush." That's life skills, eh. Survival. That's my concern. Even the city here. Supposing something happens tonight. Hydro suddenly just completely darkens the city. What do we do? Most of the people will panic, by God. We don't have the sense enough to carry a candle, or a coal oil lamp just in case. So that's what my purpose was, to teach them survival. So I said, "ok, I'll take the grade one first and now we're going to put this to work what we have here now."(on the flip chart) Lean-to's eh, I just roughly gave em an idea, just with a lean-to. You have a fireplace. So first thing you do when you go out into the bush is build a lean-to so you have a place to stay, a temporary reasons why you're there. After the fire so they started with each other, three or four in one group, they went and built their lean-to. All I did was supervise to see if they did what I had taught them. Next stage, it was how to cook. Some of those kids never really knew how to cook bannock on a stick where you can use a stick and just roast it on the fire or bake it on the frying pan. Now you tell your parents to bring flour, put flour in your kit. All the necessities. So, and the same thing, I just went around just watching them. And I didn't really try to correct them because they corrected themselves because there were three or four in a group. And I taught them how to snare rabbits. If one group snared a rabbit, everybody was just yelling and, excited. And that's where I heard the language start to come out. In their own environment. Not in a closed place. That's what I learned from the kids. They had taught me something that nobody really went to explore with them, to see what the kids want.

Now we're talking about the elders. What do they like? You use your own vision yourself. Someday you'll be up there as an elder, what would you want? What would you like to see? Twenty years ago, I thought about that. People were laughing at me. I said, "if I get to reach that certain age, this is what I would like to see: a shelter and a centre for our people, not to leave the community to go into urbanised centres." I wanted to maintain it in the community. We still don't have that. We have the day-care but I always wanted a day-care adjacent to the, to the Senior Citizens Home. When I saw my mother went into that urbanised town Senior Citizens Home, the deterioration of life that was left in her went very fast.

We had this one grandmother, but she lived by herself in a little log house. She went and cut wood just before, we always watched her, just before the sun would go down. With her axe, she'd be coming out of the bush with a bundle of wood. And somebody had this crazy idea that we have to send her to the care home, to the Senior Citizens Home, because she's getting on. And you know what happened? As soon as that elder knew what was going to happen to her, she died that night.

And that's why, in the situations and the things that when we talk about the elders, we have to be very careful how delicate some of the things that we talk about or what we bring out. The elders have to fully understand. And that's the way I look at myself. I look at the vision of me hoping that I can reach the age of eighty. Where would I see myself up here after 2000? I know, as much as I can, to continue this energy as much as I can that keeps me going. I want to keep working instead of somebody coming to tell me, "you're ready for retirement." I don't like to hear that. Because that's what keeps that person going is that confidence of yourself to begin with. That's what you have to have to reach that goal. And these are all these teachings are in between there. When I talk. Instead of writing something, this is the way I teach because I can interpret it. Because I know, it to begin with. As I work with Elder Three, and as we work with the technology,-- she asked me "what do you feel about it?" My perception always is, if the young people can learn from it, I'll do it. I'll tape myself, I'll video myself for the purpose of educating the young ones. That's the way I look at it. Because I came across some material that was made in the Smithsonian in D.C., Washington. That was already taped in 1907. And through that tape, I heard the Elder say, for the purpose exactly what I'm saying. And when I heard that already the Elders see that our culture was dying out. The only way they can store something on the side is either have somebody record or tape whatever. My father-in-law, one of those rare people, I would say rare, very few people that teach me daily in society, that's when you convert yourself in what you believe in. He's one of them. He's got five scrolls in Alberta, that museum, what do you call that museum?

Researcher: Glenbow, in Calgary.

Elder One: Yeah. Yeah. You will see those five scrolls there, Elder Five Bright Sky. And for that reason he could not teach his son to follow that way of teaching. And that's all I'm going to say. Only that person now is gifted to translate. And for all these reasons why, there is a limited documentation of things that are sacred.

They say, once you expose that sacred birch bark teaching it loses its value. Because that was not the purpose why that person was gifted. He was gifted for his people. Today, when we talk about this urban differences, urban differences, when we talk about how powwow is done in the city, they have no choice but to do it but half, half-assed. (Lots of laughter) But they're doing it. For some reason they are misleading the young people. They are diluting it, another word that comes to mind. That's why we're having so much problems to give back on that writing. I know Elder Two, as I listen to her.

END OF TAPE ONE SIDE B

START TAPE TWO SIDE A

Elder One:… Where we are coming from. And for all these things that we're looking for, the answer is always ahead of us. Like what we did at noon, properly to ask for that guidance, guidance to reach that goal, it will be there, it will happen. You wrote patience down there a bit. And somewhat we have difficulties of, that's today's age.

Researcher: Hurry, hurry, hurry.

Elder One: Yes, anxiety. We have young leaders, political leaders that they think they'll just change everything overnight. Whereas the old crows that have been at it for forty years, it is still with us there today. All these things, you trying to tell that the young person, "oh, today is ninety-six, that was then." Yes, but you can bring back what you can use that is still can help us today. So that's my perception, what I showed you. And as I said before, there's a lot of other things in between those spans of two decades around that circle. That's why our people say, the circle can never be broken. The life goes like this where you reach the young baby again even though you're an elder.

Elder Three: And that's where I teach, is that in between. I give those teachings in between what he's talking about. Like he gives the whole teaching of the… the way I do it is. (Elder Three goes to the flip chart and adds to Elder One's drawing) You know Elder Six's heard this so many times before. When the Creator created Mother Earth and the four directions here. This is the Creator and there is south. How are you connected to the Creator? What's your relationship with the Creator? And the balance, and the balance of life, and the laws of life. What are the laws of life? Where do they fit in , in our lives? When that path of life, and this is where you're born, and that's the way we travel this path of life.

Elder One talked about those obstacles, like the obstacles like alcohol and drugs. And what is it that alcohol and drugs do to our people? You know, they become very emotionally disturbed and angry, bitterness. You name it, you know. And some of us, when we go off track, this path, some of us, we go right to the end. And some of our people are not able to come back. Those are the people that die of alcoholism, that commit suicide, in between here. But some of us, like with me, when I was twenty-seven years old, when I was twenty-six years old, that's when I became sober. That's over twenty-seven years ago now. I made it back. Why? Why did I make it back? Because of my elders. The Elders helped me. Even though I went to AA, I went to AA, but, I went to the Elders too. My husband never went to AA. He got sober through the traditional way, through the drum. So there's a difference, but I went back to my culture, the Indian belief, the values that my grandmother, I remember. I had to re-learn all this. This , to respect, you see that respect. Who do I have to respect first? And it took me a long time. Like, in between here, in between here when I was twenty-six years old, in between there, I had to re-learn that love. That's one of the laws, where all of us are born, with that love.

When we're born, we automatically have that love. But as we travel this path of life, what happens to that love? And that kindness? And that caring? And that sharing? These are the laws of life. All of us were born with those. But what happens to them when we travel this path of life? We begin, we don't lose them. You know this baby, this baby that's born here, and all of us, all of us have that baby. So what happens when that alcohol starts hitting our families? Starts hitting our elders? You know, what happens to that child? Who takes care of that child when everybody around is drinking?

And this is what I see is happening in our communities, especially in my community. And I pray that I make a difference when I go back to Paskraw Cree Nation. Even though Paskraw Cree Nation is a progressive community, it still has those problems among the young people. Like what my husband said, you know, our young people think because they go into politics, they think they can just change everything. My husband has been a politician. I've went, and I've gone to a lot of Chief's meetings and I've been involved in round-table discussions, you know. I've learned a lot through the times I've been with him.

And in between here, this is my learning stage. I'm only up to here, or maybe not even, maybe up to there. With this here, my adult life here, I didn't learn how to become a mother, because of the residential school. I wish somebody would have come and told me this. I wish somebody could have taught me the basic life skills. About life. How to take care of my children, how to take care of me. But they took all that away at the residential school. All. I think one good thing about the residential school that they taught me was how to be clean. I was clean, clean, clean, clean! I just, I just about drove him crazy, I'm not saying he's dirty, but he. (Lots of laughter) But he's in the same way too, it's a residential school syndrome that we have. When you come to our home, even if I'm not there, our house is always spotless. He makes sure that he keeps it clean.

When I started living with him, this is what I used to do to him. When I started living with him, I started setting out his clothes for him. This is what you're going to wear today. (Elder One laughs) His jeans, his shirt, shorts, socks, shoes. Everything was all there for him. Until one day, I think it was two years later, I think you were going to a powwow, eh? You were in a hurry anyway. So I set his clothes out, aside and put my clothes on the side too. So he comes out from the bedroom and he had my jeans on. (Lots of laughter)

Researcher: Wrong pile of clothes!

Elder Three: He couldn't even get in the legs were so tight. Oh, he was just mad. He said, "I know how to dress myself," he said. "Leave my god damn clothes alone," he says. (Laughter)

Researcher: You guys, I have to interrupt. They want to bring all of their equipment and stuff back into this room so they can lock it up for the night. So we'll just open the doors and let them do that and we can, we can decide on our own break.

Elder Five: We'll take a functional independence break.

Researcher: Yeah. Elder Five, could you turn off the tape for me please?

Break

Elder One: It sort of gets you to depend on these things more.

Researcher: Right, I was going to ask you on your circle here, the elder that can pull the wood, is a healthy, strong man.

Elder One: Yes.

Researcher: And knows, and is healthy and strong. Probably has a good heart, good lungs. The elders that are not doing that, and who have stopped, for lack of another word, they've just stopped; do you think they'll be open to getting up and building their strength again?

Elder One: I think I've seen it across this in this section. I wanted to suggest the idea of your perception to become a model. Develop it as a model.

Researcher: Ok.

Elder One: Because you're serving, you're looking at these people that may have health problems and may not be able to carry on. That would be very much a model. But keep this side open to that, to leave the others alone that can.

Researcher: That can do it.

Unanimous: Yeah.

Researcher: Can the ones that can do it, can they help those that cannot? Do they want to?

Elder One: They communicate, that's the important thing, they communicate. Ok? Ok, I said, "I brought in this load of wood which I carried myself." "Perhaps maybe you're strong enough to do the same thing." That's communication.

Researcher: Ok, so I'd have to bring them together so they can communicate?

Elder One: You're encouraging. Encouragement comes from.

Researcher: Right, your peers.

Elder Three: The encouragement.

Researcher: Yeah. From your peers?

Elder Three, Elder One: Yeah. Yeah.

Researcher: So that, ok, I understand. I think I understand what you're saying.

Elder Three: Like teaching, like children. You know, when you get kids together. When he (Elder One) was teaching, I used to help him every now and then because I used to be a social worker in the community, in Shoal Lake. And I used to go in, go with him sometimes with the kids. And with the kids, if they saw a leader, they would follow that leader.

Researcher: Now, the elders will do the same?

Unanimous: Yes.

Researcher: Because they're back up with the children back at the top of the circle?

Elder One: Yes.

Elder Three: Like, meeting each other half way.

Researcher: Yes, so, if I think about putting a program together, for instance, Elder Two was talking about, adopt a grandparent. Put a child that has no grandparent with a senior that has no grandchild, for instance (I think it was really Elder Three who spoke about it). Does it work? Another way of looking at that would be a buddy system.

Elder Three: Yes.

Researcher: But you can buddy system up elder to elder. You can buddy system elder to thirty-year-old, and you can buddy system elder to twelve-year-old, you can buddy system elder to five-year-old.

Elder One and Elder Three: Yes.

Elder Three: How I developed that proposal, adopt a grandparent, I seen a documentary one time, this was a long time ago, I don't know where, they adopted, like where this little girl lost her grandmother and her grandfather. So she went to this elderly woman down the street and she went and she said, "I lost my grandmother, can you be my grandmother?" And that elderly woman said, "yes," so, but they weren't Indian, but it's the same thing. This elder started teaching her how to cook. Started teaching her how to sew. Told her stories. And the little girl, in her own special way, would draw pictures for her, you know and would do things for her. And as she got older she started doing things for her like washing her clothes or, if she was tired, make tea for her, and she would go and have tea with her, or talk with her. And that's where I got that idea. And I was talking to the principal, and to my boss, I said, "we should do that." I said, "the kids from grade eight maybe, or even younger." You know, like my grandchildren have their grandmother, you know. And my, and like my grandchildren have their great-grandmother, that's my mom. So they go and visit her and my mom talks to them. Even though my oldest granddaughter is fourteen years old, even though she doesn't talk the language, but she understands my mom. You know, she understands her great-grandmother. And I would hear my mom tell them stories and they would laugh. And I would just leave them, you know, just leave them alone. And then, so one of the little girls was saying, she says. "I wish I had a grandmother too." So I took her there and I said, "you have lots of grannies here." In my community, our custom never to call a person older than us by their first name. We either call them aunties or grannies or grandpas or uncles. And this is what I've taught my children. Like if my daughter was here, and I would say, "don't call her by her first name, call her auntie." And she would call you auntie, uncle. And that's what she calls Elder Six, my daughter, she calls her auntie. And that's that respect again, you know? And my grandmother used to always tell me, "never ever call your mother or your dad by their first name, never ever call your mom, you know". And when I hear kids calling their parents by their first name, "What!" "That's your dad or that's your mom!" "Have more respect for your dad." "Don't call him by his first name."

Elder Six: Some parents insist their children call them by their first name.

Elder Three and Elder One: Yeah.

Elder Three: But to me, that's very unrespectful. You know, this is where respect comes in.

Interruption by people bringing things into room.

Elder Six: Another thing too for the elderly, just like for us, like you're working in a job, four or five years, you get bored. Like, the interest is lost, you know everything you need to know about that work, maybe you love your job. But it's like when you start a new job, well, you're just totally into it and you're totally ecstatic, and doing everything you can possibly do to learn it, and it's the same thing as you get older. Like they feel like, older people feel like, I'm useless. I have no more, nothing to give or nobody needs me, or whatever. So they withdraw and they live in…

Elder Five: Isolation.

Elder Six: Yeah, isolation.

Elder Four: It's like Aunt Mary. Aunt Mary was very isolated. She didn't have the mobility. And about the only time she ever left the house was to go to the doctors or to the hospital or something like that. You'd have to walk with a walker from the house to the taxi. And you know saying but when I opened my business, I didn't just open it like that. I went to Aunt Mary and I said, "Aunt Mary, I want to do this. Now, you like books and I love books, and that's what I want to do, I want to open a bookstore." "Can you help me?" And with her help I decorated the whole of my store. I knew what to do and what to do and I would go every morning and I would be at her house and we would sit down and we would talk and she would give me all these ideas of things that I could do. And she became such an active part of my whole life and my whole business and all the suggestions, and all the things that she told me, I did. I decorated my store the way she had said. It was a success.

Elder Six: And did you find that her quality of life improved? Because of your giving you that?

Elder Four: Oh yes, because every morning she knew what time I would be there and she was waiting and she was waiting for me. And the first thing she'd say as I came through the door was "what are we going to do today?" You see, so it did improve. It did. And this is it, getting them interested, getting them…

Elder Two: Motivated.

Researcher: That's the word.

Elder Four: Motivated.

Elder Six: We'd have the key then. And so in this program, if Researcher can somehow get them to feel like this is something they'd like to get involved in, they'd feel that energised feeling to want to do this and see how they could develop something to help other, or younger people who will become older people some day.

Elder Four: And I did take her down to the store, the day I opened, and the look on her face was worth everything. It was just, energy.

Elder Five: The question I have, that comes to mind, everything that's been said about difference is, the pre Researcher question is, what is the difference between those, or the man that hauls his wood a mile and half or two miles and the one that stays in their home? What is the difference?

Researcher: Yes.

Elder Five: And if you can establish, to me it would seem that would be the place, that's where I would start.

Researcher: Yes, it is. And it's a very difficult question. And I will tell you, it's been researched among the general Canadian population and the American population for a long time, and they still don't have the answers.

Elder Five: They still don't know what the differences are between those two?

Researcher: No, time is often, time is often "I don't have the time to do this, I don't have the energy to do this."

Elder Two: They find excuses.

Researcher: Yes, there's many, many excuses.

Elder Five: So they haven't identified the differences? And the differences haven't provided a means of elevating, if you will, those that are not motivated, those that don't have the energy and those that lack the attitude to the same level. That hasn't been pinpointed?

Researcher: No, it has been a very, very elusive butterfly.

Elder Seven: I think it goes back to the whole thing of balance. And you'll see the elders that have balance in their lives are the ones, and the balance between the physical, the emotional, the spiritual, that is where you see the healthy people. And they're going and that's, like what I see in Hinton. Because the seniors that I'm working with are isolated. Like what Elder Five is saying, in their home. They're out at the ceremonies, cause they're there. Then the young people aren't there. And then they come back, they're back in their apartments or their trailers or whatever all winter.

Elder Six: And they're discouraged.

Elder Seven: 'Cause nobody is coming to them for the teachings.

Elder Six: Exactly.

Elder Seven: And they're stuck in that spot on the circle where they can't move on because they're not sharing their wisdom

Elder Six:. They're stagnating.

Elder Seven: And that's what happens and then that's where they get unhealthy.

Researcher: Alright. We're needing a break soon. This is wonderful! I have to tell you, this is wonderful!

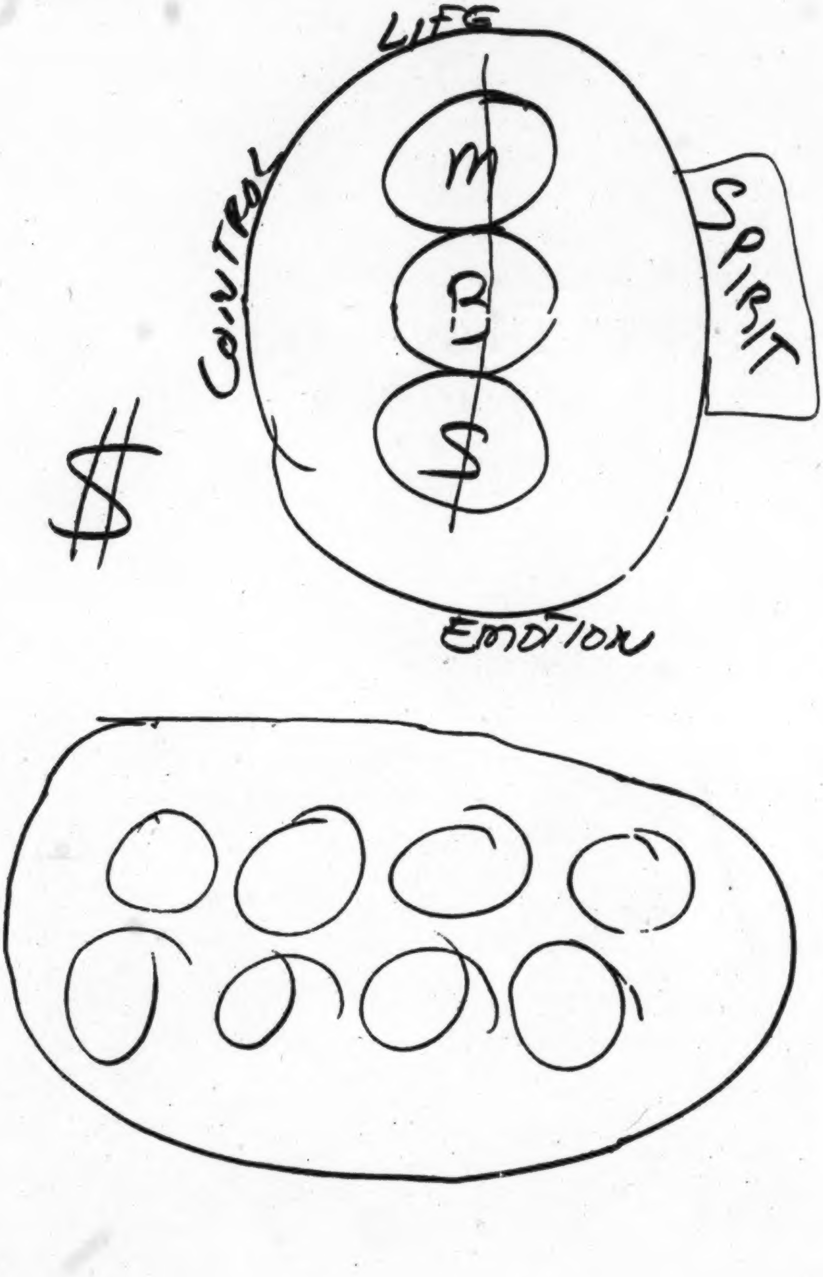
Elder Two: We'll continue this later.

Elder One: Are we working 'til eleven o'clock?

Researcher: We can, we can. (Lots of laughter)

Elder Two: 'Cause I could do this later. Just to go with what you're saying, I want to show you.

Figure 3. The Balance of Energy.


LIFE
CONTROL
SPIRIT
M
B
S
$
EMOTION

Researcher: Ok.

Elder Two: A picture of what it looks like. And what you're saying too, of how you're saying what, how the differences are with the elder that has so much energy, spirit energy, to carry that wood miles from, my mom, my father are exactly the same way. It has a lot to do with how they love life.

Group: Unaminous agreement.

Elder Two: When you love life there is no such thing in this world that can ever take away that life from them. Unless, it is time for them to go to the spirit world. So this is how it is, when you look at life (draws on flip chart – See Figure 3, p.212).

When you love life, mind, body, spirit, emotion. Emotion controls whatever destiny you take in your life. However you're going to make it. This elder that does all this for his life. Every single day, he works in that spirit to keep him alive. Because the spirit is within all of us. When one of these things break, this at that point, I'll put it in this square [spirit], 'cause that's how in the modern society they look at it. It's put away. When you see an elder that's sitting on the couch, watching this tube, not looking at what's on TV, it's just a blank thing for them. Well they have lost that life to give, to share, to honour, and to worship other people. Whatever it is, it's lost. Many of us have gone to residential school. We were born, when I go back to my brother's [Elder One's] teachings, on his circle (turning back to Elder One's diagram), I can put many more teachings in there because I was raised by Elders, and taught by Elders.

My spelling might be a little bit mistaken but soon as you're born there's a ceremony you have to go through. You can never go without that ceremony. In my culture, the placenta it might be wrong, but that's how I write it, is taken from that child, looked at it, checked both ends, check that cute part where the belly button is connected to make sure that there's the three is all in there. As soon as they cut that cord you look at that three, 'cause that's what gives the baby oxygen, food. Every gift that you're going to give to that baby is within that three. The placenta bag, to honour that child that comes onto this world, has to be taken and put it on the land. Some people burn it, some people hang it, some people do other ceremonies with the placenta. In my culture, for my child to be raised strong, to be loving and caring, to have every tool in this life that my sister [Elder Three] talked about, it has to be within that life of that child at that beginning. So when that happens there, we worship the animal that will come and eat that placenta bag. Could be a bear, could be a hawk, it could be an eagle, it could be crow, it could be whatever. For the rest of that life of that child, it's going to be looked after by the animal keepers for the rest of that child's life.

When that child becomes thirteen, either manhood or womanhood will be then taught to them. How you look after yourself, how you cleanse, how you look after your hair, make sure your hair don't drag anywhere. When the elders come into your lodge they give you this big spruce boughs, you take every needle out and you put it in a long, lo-o-long line. It's got to be just absolutely straight. If there's one out of place, the elders will make you re-do it. At that point in time, the elders are teaching you to be very patient. How you are going to see your life ahead with that one road they give you. That's that one road you're making for yourself. They teach you everything about yourself first. How you're going to sew, how you're going to cook, everything is taught to you at that point. They also talk about relationship. They also talk to you, how you're going to do that relationship? When you see a man, you're heart is going to go like this, boom, baboom, baboom. You know that mate is going to be for you forever. How are you going to respect this gift that's come to you? How are you going to honour that gift in return? He will honour you back. That's where the manhood is taught.

With all this gift that is given to you, one day marriage will come. When they put you together, it's not you that chose that man, it's the spirits, your grandmothers, grandfathers, everybody in the spirit world put you together for a reason. When they put you together, they say, "ok, you can marry, you can have children." How are you going to raise those children? What are you going to do? They teach you everything about a child's life, how are you going to look after it, what your responsibility is to that child. And then they teach you when you become an adult. What is your role and responsibility from that point, on here, is being a parent. Over here, as being an adult. How are you going to be able to teach? You continue on your teaching because there is going to be many children that's going to have no parents. How are you going to take them into your life and teach them the way that you've been taught?

And then, from that point on, my sister[Elder Three] was saying, "oh, maybe I'm over here." "No, I see you way over here already." Because you have that gift in life. Everything you gone through in your life, from this point, it's not your fault that everything was taught to you in this direction. (Mind, body, spirit) That's why you've been on that journey. You separated yourself, nobody there to teach you, to help you. Your emotional part, it's not there to have control over what happens in your life, it's not there. When you walk on this journey, cause we're conditioned from the government to only think in this direction. We, as a people, are stuck in here. Because all laws, everything is given to us conditioned by the government, to follow the government. We go to school, we're conditioned to only train ourselves to what the government needs are, from us. They take control of everything we do.

Just recently, back again another fifty years, our people are saying "we're tired, we're sick and tired." "We want to change." "We don't want to be this way no more." "We want a different life." "We want to go back to our culture." A lot of people are saying, "you can never go back to this." It's not true. We take it now, we cross ourselves off, we put ourselves on there, that's what you call self-government. That is taking control of you're own life. This path has to come back if you're going to do this. You can't go on without this. And when you become an elder, it don't matter what stage you are in. It's your knowledge, your wisdom, your harmony. Every tool that my sister talked about here that you walk with it. You can be an Elder any time. There is no ending to being an Elder. When my brother talks about, "you walk together here." You have to do that. We got to teach our people to go back to this structure. So that our children can become strong again. There is no such thing as that, we can never do it. We have to inspire the spirit of the people to get back to that way. When we do that we, we lose the culture of our people. When you rebuild your people again to this point, every thing that we see the government has put us into, that structure, is going to disappear. What I'm hearing, some of the presenters today (at the Home Care Conference), the government wants to change. They want to take our system and implement it. But they are going to do it the way they think, the way they see that implementation. Not the way that we see it as cultural people. It's going to cause a lot of problems.

If they don't start doing this themselves first, this, there's no such thing as dollar signs for this, nothing. There's no dollar signs to heal ourselves: you do this, you teach your family, do a family circle. Help heal your families. Then you go into your community, heal the whole community, programs, they're all like this, there's no working mechanisms. Because we're all structured in that structure, that pyramid structure. But if you put a circle around it we all have control of it.

Elders program, it's got to be developed. We've talked about this for many years. Nobody wants to see what we're talking about. We're looking at dollars to do this. We're looking at everything. Everything stops because the dollar sign does not implement into this. Our community people are suffering because we should have developed all of these programs fifty years ago. Continued on from centuries ago, continuing on this way. But because of the government teaching us, take control, we can never follow this structure. And it's so sad. Because that's what I teach today. You can't do anything if you're separated. You gotta to be strong, walk that road. That's why we're just a few of us we're picked to walk this road. I can never, ever leave this in my lifetime. I always have to carry this 'till the day I die. If I ever leave this, I'm going to die. 'Cause that was told to me by the spirits. Ceremonies, everything goes with this. We can never be better than each other. We've got to be the best we can be together. We can't do it by ourselves. We gotta be a team. And that's what the Elders know. A lot of elders know this. But it's been put away to sleep right now because nobody is wanting to listening to them. Once we say, this is what we want to go back to, I tell you, motivation, oh, everybody will be involved. The whole community, to the little children are going to get involved. That's what we want to work towards. ***(Cree- this child)***

Elder Four: Oh, I feel better now.

Elder One: That's good.

Researcher: It is good, it's very good. Ok.

DINNER BREAK

Researcher: For the sake of our meeting records and stuff it is about eight-thirty in the evening now after a wonderful dinner and before we proceed I'd like to check on energy levels and get an agreement on how long you would like to go now, and what specifically we should all be sleeping on and thinking about and bringing back to tomorrow, if we need to.. Do you have a sense?

Elder One: I think what we should do is wrap-up with our comments. (To Elder Five and Elder Four) Maybe you will benefit because you won't be here tomorrow and it will give you a chance to say something before closing. Whatever it is that was discussed, or tell a joke.

Researcher: Good.

Elder Six: Tell a joke.

Researcher: Relieve yourself in some way! (Lots of laughter)

Elder Seven: Relieve yourself.

Researcher: Maybe just to get the ball rolling here, I think Elder Six has commented to me, "oh, Researcher," she says "you have your work cut out for you," and I have a sense of that as well. I think we are headed in the right direction. I have a very strong sense of that. And I appreciate very well the work that's ahead of me. I'm hoping that I will be able to write my report well enough that it will be clear to the powers that be, that, that it will take maybe more than one person to do all of this. I'd be very happy now, to hear from you all, sort of wrap up comments for tonight.

Elder Five: The sun rises in the east, so...(gesturing to Elder Four)

Elder Four: Really love it because I'm from the east, I know it. Maybe that is why we have the colour red for the east and not the yellow the Algonquin has.

What was proposed here I think, is the beginning of something that is long, long overdue. The teaching, the teachings have to come. The teachings have to come. And the only way that they can come is through the Elders. And I think that the more we begin to promote the Elders and the teachings, the more we will grow as a Nation, as a community, as a group, as a Nation. And I guess I am thinking of words that my grandmother said a long time ago and I remembered that as a twelve-year-old, I didn't understand them fully. But her words to me back then, they still ring in my ears. There are some things that she says, and they, I just, I can, it's just, they're, there and they're so loud, the words that she said. And this was one of them. And those words that she said was, "the native way was part of the way, it was the base and the foundation for all Nations". Not only our own but all Nations. And that, "all people of all races would have to walk the red road in order to come home again". And the learning that we need for that, comes from the teachings of the grandmothers and the grandfathers.

I guess that what we began here today, I hope will continue. And I hope the Great Spirits help that it will prosper and grow. And I hope it will succeed. We have a term for grandmother. And we use it, the words that we say are, gitchu, gitchu *(Cree for bring it)*. And I know she stands here at this moment I can feel her and I know she is here I know she is well. And I'm very thankful for that.

Elder Six: Right on.

Elder Four: So wherever this leads you, wherever Father Creator, the Great Spirit, The Earth Mother and all relations takes us, I pray with all my heart, and all my soul, my spirit, and all my body that it will be carried (inaudible).

Researcher: Now we head to the west.

Elder Five: I want to thank the Elders for their prayers this afternoon. It was a very meaningful and very uplifting experience for me. And before we left for supper, the thought that came to me is that, how little I really know and how much I've learned. Today, I've learned much more from the circle than I've put back into it.

As to my final comments, Lord knows they are never final. (Lots of laughing) It's an infliction of mine, but I speak in, I think, very practical terms. The problem that our people experience, our elders experience, are practical problems. And if they are practical problems, there are practical solutions. I don't buy the bullshit of the white man that there are so many complicated problems like that young man said, that the more you get into it, the more complicated it is. To me, that's a mask and it's a poor mask, for hiding the lack of care, the lack of concern that exists for our people on this planet.

END OF TAPE 2 SIDE A

START TAPE 2 SIDE B

Elder Five: Are we ok? What wasn't captured on tape?

Elder Four: I think that other side was done.

Researcher: No, we're ok, this is tape two.

Elder Five: This is a new tape? This is tape three? Ok.

Elder Five: To recapitulate, so it's not lost from the other tape. I was thanking Researcher for her concern and for being "called home" as she said to Elder One and Elder Three. It's good to see that you're interested in doing the work. I follow Elder Six's comments, I think you have a lot of work before you. And I think you have to tell the people that you're working for that you're incredulous. That you're astounded, that you're overwhelmed by the fact that they think they can pull something like this off in three months. It speaks to a lack of commitment and a lack of knowledge of our culture, of our morés, and of what's required to really connect with our people. And it's an obstacle that the academic community has to overcome. It's something that they're burdened with. The affliction being, they think that because they're educated, they know the best ways to do everything. Education begins at birth and ends when you leave this planet. For the moment, or however long. It's not something that is accomplished in seven years, or five years of training.

So going back to practical solutions. If you, and I shall address, as there are people here more attuned to dealing with the community issues and the First Nations Issues. If you're going to address the issues of our people in an urban environment, you have to, in some fashion or another, take every piece of that mosaic that exists in the urban area and put the puzzle together. If you don't start from that point you won't have contact with anyone. You'll have limited and spotty contact but you will never have anything that will give you a true sense of the circumstances that our people live under in an urban environment. I say that because I've worked in the area for twenty years. I know the agencies and I know at least in Alberta, the people and the mindsets and how difficult it is for our people to get services. So I, if you need an assistant, I think you're perfectly capable of handling with the guidance of this circle, the liaison, the emissaries and the First Nations communities themselves. But if you need an assistant, I would suggest, or recommend that you put that person to work in the urban environment because there is going to be a lot of foot slogging. A lot of travelling that they are going to have to do, particularly if you're looking at doing it, if you're looking for a place to do it, and you have to choose from among the cities like you were going to do it in, whether that be Yellowknife, or the capital city of the eastern Arctic, or Montreal, or any of the urban areas. That person is going to have to do a tremendous amount of footwork to try and find our elders for you. They're there, but they're not a, not a feature, like a round dance in one of our communities or a tea dance. They're just not there and you're going to have to seek them out, in which…

Elder Three: (Laughing) I knew you were going to say that. And you can't resist. *(Cree-Hello grandfather, something is written in the water, I didn't do it right, but I don't know what)*

I always like to say my Indian name, because that is how I am identified by the Creator. The Creator doesn't identify me by my English name, my Catholic name, Elder Three, He identifies me by my Indian name, and by my clan. I'm from the Golden Eagle Clan. The good clan, the best clan. (Lots of laughter).

Elder One: Couldn't carry the whole way.

Elder Six: Yes, she is, as usual.

Elder Three: Well, one of the things I think about this, when we tease each other about our clans, and that's one of the traditional way, and the Indian way. Because a lot of times when I go to these gatherings, the elders request a clan dance. And when we do a clan dance, each clan has to dance for their clan. And that's where these people tease you a lot about your clan. And when we go to these ceremonies, they requested a bird dance, a bird clan dance so all, all the bird clans, the loon, the eagle, the crane, all the bird clans had to dance. So they requested a clan dance one time and my husband and his kids, Roberta and Robert, were sitting there and I dipped my fan in the water and they were siting and I went like this to them, in their faces and I guess he had sunflower seeds in his pocket and he was throwing sunflower seeds at us. (Laughter) And it's a lot of fun and that's how we, we like to have fun. We like to have fun. I like making people laugh. My grandmother was like that. She always used to make people laugh.

My grandmother was one of my greatest teachers. One of my best teachers. And she was a medicine woman. And she was seven degrees madai, that's the highest. I don't know if I'll ever get to seven degrees. I'm only first degree. That's about five years now I've been in my first degree in the healing society. My grandmother used to teach me a lot. One of the things that she used to teach me was to listen. Listen carefully. And when you listen, you learn, and she said "sometimes when we don't listen, we miss the most important lessons in our lives." And I wish now that I could have listened to the most important teachings that the Elders have that they were trying to teach me at that time. But I remember I remember, the teachings my grandmother used to give me. I used to listen and to learn and to be responsible. She said to me, she used to tell me, "if you're responsible, you become reliable, people will always depend on you. People will always know that when they ask you to do something, they will always know that whatever they ask you to do will be done in a proper way." And I guess that's one of the things too the residential school has given me, is to do things right the first time. I had a reputation at the residential school, when I was asked to do something, I did it right away, without being asked, without being told. And I had a reputation of being a hard worker, a good worker.

And I've always worked hard, right from the time I was small. My sister and my brother and I were the ones that used to go cut wood for the winter. We used to haul water five miles, we had to walk with five-gallon pails. And we used to have to haul our wood from the bush. We didn't have no horse, we didn't have no vehicles, we didn't have a sleigh. And we had to cut wood. And those were the teachings, those basic life skills, those survival life skills. And my mother too had taught me a lot. My mom taught me how to sew, how to do beadwork, how to make moccasins. You know, the Creator gave me wonderful gifts, my hands. I know how to sew. I made my clothes. I know how to cook. And this is what I pass on to my daughter. My daughter is a very good cook. My daughter is clean. And I'm very grateful that I am able to pass those basic life skills, those survival skills, to her. Her, in return, she passes them on to her little girls. My granddaughters they are already starting to wash dishes. They're already start cleaning up the house. That's a start, that discipline. I, in return, teach my foster children those survival skills, so they'll know. Because that was, it was passed on to me.

My dad gave me the skills how to survive in the bush, how to go moose hunting, how to go deer hunting, how to go trapping and all those survival skills he has given me. Given us as children. Those are what we had to learn. We had to kill our own moose. I went moose hunting when I was ten years old. I killed my first moose when I was ten. I had to haul that meat to the camp. I had to butcher it, I had to dry the meat by myself. Those were the skills that my father gave me. And my mother, she taught me how to clean fish, how to clean ducks. I know how to do all that, how to skin a muskrat. And I know how to skin a moose.(Laughing) But those were the teachings. And the spirituality my grandmother gave me. Her little water drum was passed on to me. I carry her little water drum.

And my healing, I had to do some soul searching for me. I had to go through that healing for me. I had a terrible time. I had a very difficult time through my healing. But the Elders were there to help me. That self-discovery. I had a very low image of myself. Because I was always told I was no good. I was told that, my dad used to always put me down. "You'll never amount to be anything." My ex-husband put me down, "oh that woman I had was better than you. You're so ugly, look at you." That's what he used to tell me. "No man would want you." That's what he'd use to say. I got to believe that stuff. And when my dad used to put me down and I used to, when I went to nursing training and I talked to myself, "I'll show him. I'll show him what I can do." Even at University, "I'll show him." Even though I went through a very difficult time at University, I didn't have my grade twelve, I only went up to grade nine. But I made it.

And at that time, I was going through my healing at the same time. And I started to see positive things about me, the good things. I started to see that beautiful Elder Three. I started to see the beautiful things I can do for people. And it was that teaching about that water, when I was told that I'm a lake, and wow, you know that's beautiful. I feel good. I take care of that water for my children and for my grandchildren. This is what I teach. I teach the young people. I pass this teaching on to the young people.

One of the things I had a very difficult time with when I went back to my community, because the young people that want things right now. My nephews and my nieces, I told my nephew, when he said, "you can't, the women have to leave, they can't join us in the ceremony, they have no place in our ceremonies." That's what he said. And I told him, I said, "Brian," I said, "where did you come from?" Even the Chief said that. I said, "where did you come from?" I said, "who had you?" I made him think. And he said, "my mom." "Well, who's your mom?" "What's your mom?" "A Woman."

I said, "ok", I told him, I said, "women are life givers." I said, "I don't know where you got your teachings from but my teachings, the teachings that the Elders have passed on to me, the Creator put the balance on Mother Earth, that man and that woman." And I told him, "and that's why you have so much problems, because you don't include your women." And then that night they said they don't allow women to go into our sweat lodge. So that night, when they had their sweat lodge, a spirit came to them and said, "where's your women?" And I guess that that sweat lodge just got cold. And they couldn't continue their sweat lodge. And they got scared. And the next morning they came and gave me tobacco. And they said "can you come, can you run a sweat for us with your water drum?" I said, "we're going to do it properly." I said, "we're going to have a feast." I said, "and you guys are going to ask for forgiveness." I said, "and I want you to go and give tobacco to the elders." I said, "to come and sit with us here." I said, "not me, you, you go." So I drove them around the community and they went to the elders, they came and sat with us. And I told them, I said, "you ask for direction from our elders, you ask." I said, "where's your tobacco and your gifts here?" "Give them to the Elders." I told them. They didn't want to do it. I said, "I can't do it." I said, "you young men have to do it." "You ask for forgiveness." So that's what they did. There was about eight of them. They gave their tobacco and they were talking to the Elders. I said, "all of you talk your language, you use your language, don't use any English." "Just use your language, use Cree." That's what they did. Some of them were crying.

So we went in the sweat lodge. There was four women, three women that I asked to come with us. And I put them in each doorway. And the woman that sat in the west doorway, the one that is supposed to look after that cedar, I made sure that was a grandmother that I put there. And those young boys really had a rough time in that sweat lodge because of the neglect of the respect for women. Because they didn't have no respect for women. And I told them in that sweat lodge, I said, "the spirits are telling you young men to have more respect for the women."

And I told my nephew, I said, "and you," I said, "you're thirty-five years old, you're still living at home and you're not helping your mom or your dad." I said, "you have two jobs." I said, "you can't even give your mom twenty dollars," I said. "You eat there, you sleep there, she washes your clothes." "You don't even give her any money." I said, "I know money's not the object," and I said, "at least help her out." "Your mom and dad went through a lot to bring you up, now have some respect for them." "You in return, you help them." I said, "whatever you give out, whatever you put out in life, that's what you're going to get back." So, about a week later, my sister-in-law came to see me. She said, "what did you tell Brian?" I didn't say anything to her. She said, "you know, he gave me his whole pay cheque." "And he said, 'that's for you mom' And he just walked away." And when I went to work, and my nephew came to work too, I said, "can I talk to you?" So I took him in my office and I said, "I'm glad that you did that for your mom." I said. *(Cree for thank you for helping*) "Thank you for helping your mom that's the way it should be, have respect for your mother, your mom gave you life. And don't go bragging to how many women you had last night." I said, "I always hear you guys young guys saying 'oh I had her.'" I said, "that's not the way to talk about women." A lot of, a lot of those guys didn't like what I said, but now a lot of those guys come to me and say "thank you." And now my cousin said, "you know" he says, "nobody has been able to say that to these young men." I said "I was always told if you love somebody and you see that person doing something wrong you will tell that person," and that's what I told him. "I love you, that's why I'm telling you this, so you'll know so you will pass it on to your children when you get married and start having children, so you can have that respect. Respect for yourself, respect for the elders, respect for life." And this is what the Elders, you are going to be hearing this over and over and over again."

I asked Auntie Mary one time I said "how come it seems we are always repeating ourselves and repeating ourselves." She said, "we have to. And you are going to hear this over and over and over again." My daughter quit saying that to me, you know she doesn't say that to me anymore "yeah mom I heard that before." No she doesn't say that to me anymore, she just listens. And sometimes I get so hurt the way our elders, the way our young people treat the elders. When I go to a conference I look around to see if there are any elders. I look after the elders and when I see elders standing at the door I go, I go and talk to them and I tell, I always tell people "there's an elder here can you give up your chair for them?" "Can you go and get him coffee, or get her coffee?" "Look after the elders." And a lot of young people say, "I don't have to." So I don't say anything to them but I look after them. We have to start teaching our young people. We have to start teaching them to be helpers 'cause I'm a helper, I'll always be a helper. And that's the way I was trained, I'll always be a helper to anybody--to the young, to the elders and that's why I have foster kids.

I have one foster kid right now; my daughter's looking after him. And that's how we teach those children, that their parents, that couldn't look, that couldn't be looked after by their parents, who's going to take them in? Who's going to look after them? Who's going to teach that love, how to listen? And I told, and I told my little grandson, I said that "just because I'm not going to be here that doesn't mean you don't have to listen to auntie. You have to listen to her because I'll hear about it." And, the other, and, just before we, we, left, I told, I told my husband, I said "gee whiz" I said, "I always have to bargain with these kids." I told him I said "if you guys don't do your homework no allowance," 'cause they, I used to give them ten dollars a week allowance. "No allowance for you and I want that room to be clean" and I said I'm trying to teach them to give a little instead of receiving all the time. You know, I said "sometimes I feel, I feel as if I'm always giving, giving, giving and never receiving anything from these kids. So that's what I'm going to teach them, you know, to give, to start giving their time." And I was so proud of them.

We had a feast two weeks ago? Two weeks ago we had a feast and our three grandsons were, were the helpers. They were sitting right in front of there, you know to be ready if we, if we needed anything, they would just be right there, even our granddaughters were sitting there if they needed anything they'd be right there. And that's the way it should be. And that's what Auntie Mary always told me, you don't have to wait to be asked. If you see an elder if she's cold go and give a blanket, if she wants coffee. If the elder doesn't have no money to feed herself you will feed them and I always do that even if I had my last dollar, even if I have to use my last five dollars to feed that elder I would do that. Because I know that's going to come back to me. Kindness, but then we have to go beyond that, beyond that love, beyond that kindness, beyond that caring and beyond that, that sharing. It's to get motivated and start doing, instead of talking about it all the time. We always seem to talk and talk and talk, but nobody wants to do anything.

And that's what I was saying at that Cree gathering. I said "we have to go beyond, we have to go beyond taking care of our elders first." "Our elders come first," that's what I said. If it wasn't for the elders, I said "where's that tobacco for our elders?" 'Cause they didn't have no tobacco. Me and Elder One had to go and buy that tobacco out of our own money, we had to buy gifts out of our own money and that and we started giving out that tobacco to the elders and that's when things started to move. Now we can work because that tobacco. I don't care what, what you going to be doing, but always, tobacco always comes first. The Creator gave us Indian people four medicines, that tobacco, that sage, that woman medicine is that sage and that cedar and that sweetgrass. Those were the four main medicines that he gave us. But that tobacco he told his people if you need to know something, if want something, always that tobacco, put your tobacco down on mother earth. That healing, if you need healing, you put your tobacco down because as soon as you, you buy that tobacco, or get that tobacco, as soon as you hand it over already that tobacco's working for you, already that tobacco is doing that healing for you. That's how strong that tobacco is. It doesn't matter what you do, when you go into these communities make sure that you have tobacco. You can even make tobacco ties and them give a small gift it doesn't have to be very much, a small gift. And then the elderly women like those scarves, especially up north, you know way up north they like those silk scarves you know they like to put them around their neck, around their heads you know. And maybe material for their skirts, they like making nice skirts for themselves. And sometimes when I don't have time to make something, when I don't have time to get something I give them a little bit of money, I say "this is a gift for you, to buy something for yourself." But most of the time they don't accept money, but if you tell them, you know, buy yourself something nice.

I enjoy working with the elders, elders are very, very kind and they're funny and I, I really enjoy working with the elders. Back home I'm looking forward, working with the elders again. And I'm going to go visit them next week. And I'm going to go from door to door and go visit my uncles and my aunties and my mom. I'm looking forward to spending some time with my mom, cause my mom is getting old. She's not well, you know. She's in a care home. But I really have a lot of respect for my oldest boy. He, he looks after his granny. He takes her home anytime, takes her to his place and my mom spends the night there, takes her back, very patient with her. And I told him, I said "tell mom I'm coming back now I'll look after her granny, I'll look after her now you go golfing." We always tease him, because one time we went, one time we were passing by and I asked my daughter in law, I said, "where's John?" "Oh he went golfing", and so we were waiting and waiting for him and it was twelve o'clock at night, "oh," I said, "I didn't know they go till twelve o'clock." At four o'clock in the morning he comes staggering in. (Laughing) He was teasing him, "you said he went golfing eh?" (Laughing) Now everybody uses that term in the bar, if they want to say they go out drinking eh they go "oh I went golfing." (Laughing) But anyway I'm very honoured to be able to share with you and I'm very honoured to be here and get to know you [to Elder Five] and it's too bad that you're leaving tomorrow. (Laughter) I would have told you more jokes.

Elder Five: No more sausage. (Lots of laughter)

Elder Six: No more sausage jokes. (Laughter)

Elder Five: Or was that Elder One's joke?

Elder Six: That was Elder One's.

Elder Three: That was his, not mine. (Laughing)

Researcher: She had a sore back. (Laughing)

Elder Three: Meegwetch *(Cree for they're taping this)*

Elder Five: Anyways

Elder Six: Oh well for me because, a lot of the stuff we heard tonight I've heard already and its sort of like part of my lifestyle now. And I think that you are doing the right thing by going to this, to the people who you want to make life better for. Going to them and asking them how can we make your life better for you or help you to have a better quality of life? Normally it's young people who are deciding what's best for older people and now you are going to the people who know what's best for them, and I think that this is a really great project and I hope that we'll stay in contact throughout it all, all of us in fact.

Researcher: Yeah.

Elder Two: Well I could talk all night too.

Elder Five: Don't say that.

Elder Two: I'm a really good talker. (Laughing)

Elder Six: You got all day tomorrow too.

Elder Two: Just for that I won't talk no more. (Lots of laughter)

Elder Five: No words just that and we can all laugh. (Lots of laughter)

Elder Three: All us could stand up, get up and start funny.

Elder Two: I have a good joke for that kind, a really good one, I'll tell it after I finish.

Elder Three: It might be recorded. (Laughter)

Elder Two: That's ok. You know all my life I lived in the world of harmony, balance, it was all given to me even before I was born. I grew up in a family of old people, Elders. Never knew what it was to be a kid. But I knew how to climb trees, to get down it. I've always had animals coming to me, they always follow me. They come to me, live with me. I'm always surrounded by animals and they were all my friends. And I go hunting, the eagles follow me. They talk to me, they tell me exactly where the moose is, whatever I'm hunting for they tell me exactly where it is. So I was so well connected to the Mother Earth, to the grandmother water, to the air, to everything that's, that was made by the Creator and the Spirits. Connected with them, going fasting ever since I was a little girl. Sometimes I go for ten days without eating, drinking and just give my life to them. I walk that path most of my life. And then sexual abuse come into my life and changed me. And I knew what it was to live in a world of all the violence, hurt, abuse, at that point in time because I never knew that before. My parents lived in a word of harmony full of love, they were always touching, kissing. They were always everything, that's how I lived my life. When I went to school at fourteen, I started learning about life of more abuse. I went to a residential school and really had an understanding of the other way. When I went to school I had long hair by my ankles, big beautiful thick braids. The nun just took a scissors and cut off my braid just like that, and threw it in the garbage (tears). That was the first time my hair ever got thrown away without respect. And that really, really hurt me. I felt like nothing. And then I felt, it was the first time in my life that somebody didn't respect me. Everything fell apart after that. The abuse, got hit, got strapped, put in the attic because I spoke my language, couldn't understand nothing. I never felt this rage inside me about, you got to stand now, then you got to stand tough. Never knew that word before, tough. I learned what the word tough meant. And boy was I tough. After awhile they gave me lickins they gave me everything they can, I didn't feel nothing, I just stood there let them do it. Mind over matter. I learned that since I was big. I could move anything I want in the room, if I want. I could do anything I put my mind to. I will not feel pain. Finally they got so upset with me they started throwing me in the attic more but one of the greatest gift when they did that, I had Spirits up there. (Laughter) They were my best friends. They taught me lots of things. They taught me to look at life in a better way, a special way. After that for their punishment they were going to give me I didn't feel nothing. I went to school I got strapped because I spoke my language. I refused to speak English. I refused to speak, and that's how I became. You learn to commit that set of world. As I was growing up after I finished high school I decided I wanted to be like everybody else, live a modern life like everybody else. Holy smokes what a challenge it was! (Laughter) Before everything come so easy, but this was a challenge. Every footstep I make it was a big wall. Foomph. Every step I make was a wall. Everything tried to stop me to go ahead, but when I met my husband that was the greatest gift of all. He was a Cree from Northern Quebec. He come into my life just sailing into my life. I took a look at this big tall man walk with pigeon toe. I said "holy what a beautiful man." (Laughter) I didn't care how he looked, nothing. I just wanted his...

Elder Three: Those pigeon toes. (Laughter)

Elder Two: Those pigeon toes that's what I wanted, because I found his footsteps were so beautiful and remind me of my bear, my black bear. That's what beautiful means. I fell in love with him. We had a son, just so beautiful, walked just like his dad. Then after people started asking me for more help, more help, I said "ok." The more help I gave my people to make them stronger the more rules and regulations the government was starting to make against my people. They started having the idea that our people now are going to start governing themselves. But they follow the government system to run the Native programs and I was there to receive them. The Elders all over, they say "don't do it that way, you're looking for failure, you're becoming the government. You're going to fail. In the future you're my grandchildren, great-grandchildren, great-grandchildren are going to fail. You're going to have nothing there for them." Our Elders were very predict, they could see far ahead, and they said "the government is going to take everything from you." When I heard that young man talking this morning (at the Home Care Conference) and he's saying now, the government is adapting to the old ways of the people, the one who put it into structure now. Government wants to control that program so they can control us the more. So that we don't have that self-government that our people were born into all our centuries. We had the strongest constitution in our life. That's what we had. We didn't have anything that's going to off-balance us, we were so balanced.

When we were going, when our people do something wrong they were punished right now, they didn't wait for two years, three years, five years, so that it would be forgotten. We didn't have lawyers here, lawyers there, saying we can get you off if you pay me thousands and millions of dollars, I could get you off. All these things weren't there. When the traditional law was put there, that was the law you got to follow and it's right now, its not tomorrow. When somebody sexually abuse somebody they were put out on the island, they were put somewhere. And they were punished, and stayed there and that's where they lived. Elders would go there and cross by boat to check them out, to make sure they're still doing good. Sometimes they are put on the island where there's lots of dry wood. They're suppose to cut all that dry wood and cut it up, chop it and they got to use a hand saw. They pile it up in all neat piles and that might be for sixteen years. They have to do it for that long, nobody is allowed to see them, just the Elders. They punished, they get punished, they don't have a good life, they don't have a sweet life. That's what I see in traditional law. Traditional law means from the time you get up at four o'clock 'till the time you sleep, you follow that law of that day. You're never ever suppose to think in the wrong way, the traditional way. Honour, respect, listen, help each other. You're never supposed to see a person walking on the street suffering and hurting. You are suppose to help them, that's the law. The law of life, of all human kind, animal kind, every water kind, everything that flies in the air has that law. That's what I know.

When I was told to start helping my people again I know the land, the medicines, the water medicines, I know the animal medicines, I know the air medicines. But I never tell people I know these things because why should I? If people want to know that you do those things they'll come to you, they know. They don't have to be told, the Spirits told them. They'll guide them to me. That's how I lived all my life. When people find out that this is what I am, there were so many people that I couldn't help everybody. Only could help the most hurt. My husband tell me "you slow down, you're doing too much too fast," because at that time government push our people. You can never ever go through those ceremonies of medicine, your ceremonies of sweat lodges, fasting, you couldn't do the sundancing, you can't do nothing. It's against the law. They put law against us from those ceremonies. For that short period of time, maybe it was thirty years, our people just got lost. They got so lost they lost just about everything because they let those people take control. I sat there, I used to cry because I know what it is to live in this world, and live in that life, that world. That's when I put my medicine bag, my medicine bundle way up on the tree. I tie it up with the (near Lac la Biche?)up in the tree I put it away. I couldn't practice the traditional way as long as my people were travelling this journey. Religion come, where they used to beat up my people with brushes, with willow, with stick they used to beat up my people cause they followed that way. My people started putting their bundles away, put everything away.

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Tape 3 Side A 000

Elder Two: Medicine people started to die. Sickness comes so bad, the elders couldn't even get well no more with their medicines, because these disease were coming. We don't know what those diseases are. We don't know what plant to use for those disease. All those that couldn't. And so once I started getting sexual abuse I started putting all those things away. I thought the Creator must have gave me a warning that I am not worthy now to do this job, so I quit doing it. I starting drinking, started doing drugs, I started doing everything like everybody else. I wanted to know how this could be that way. I tried that for a while. Oh what a journey, what a tough journey! (Laughter) I thought getting beaten all that was tough. This was even tougher, but I learned something from it. I learned what it is to travel that journey like everybody else who is travelling it. I know that. So I became best teacher of it. When I stopped, everything, bundles, spirits, everything started coming back. It was time for me to travel my journey again and went way back north took my medicine bundle down from the tree. Climb it and I was...It was so high the tree was getting old, but I climbed it. I just kept telling the spirits take me up there, take me down safely. Took my medicine bundle back down. That was the greatest life that came back. My people just bright, they were just, just like something woke them up. The elders become stronger again. I travelling to the communities the government tries to strop us every way and I stood right in front of them and gave them shit. And I pulled them down, pulled them down, pulled them down, make them cry, make them cry. I make them look at every word that they say and I threw it back at them and I said "no, our people in the north is not going to follow those things." So we said "we want help transfer, soon and this is how were going to happen." "Our people are going to take ownership of what happens to their community." "We want devolutions of everything." "We are going to take control of everything that happens within our community structure and we want blankets."

We have no other choice 'cause they are just going to take in of everything anyway. So self-government has to be implemented first. Our Elders said "yes this is how we are going to do it," our Elders say "we're going to do it this way". Elders took control. In our communities when people get sick, our elders get sick. It don't matter if you are related to that person or not, you've got to go help them. Everybody has to in the community no one gets paid for it. People are used to do therapy. Put, do hand-on healing, do all kind things with grandfather rock from the water, to do healing on elders. They start doing therapy on their feet, their legs, their back, their front, wherever the sickness is, they're moving it, wanting it to go. Sugar diabetes started to come in into our community. TB is just lethal. Cancer started coming in. The majority of the elders that were living across at that time, there was a mine called Foranium were all dumped into the lake. Elders stopped it. Everything started to come back into its owner. Elders put the programs really well. No one is allowed to come into our community try to change what the traditional knowledge and the laws are in the community. There was really, really well set. And then they gave that role to the young people to take over, as I told you earlier, they destructed the whole community pretinear. (Pretty Near). The Elders took it back, make it better. And one of the main thing about all this is that they have to continue on the cultural, they have to continue on their traditional lives they have to continue on traditional knowledge they have to continue on survival.

It was the responsibility of the elders to keep it going. No one else can keep it going. It's them and then they give the responsibility to somebody else to be the next teacher. Right from the time a lot of our new people at home, when they were born they're all given duties to, to work at for the rest of their life. One person is looked after only feasts. For the rest of his life until the day he dies that's his job. They check, they look at people they see how they're raised, they see how everything, they give that job to those people. For something in the community so that everybody be responsible. Social services program came in, the systems program people were starting to go low. The Elders said "no more." "You want this money, you got to work for it." They started putting things in order. So that our people are not getting lost or not getting lazy they were very smart.

For the elders, there were many, many gifts given to them. One was that the elders were complaining that they don't spend enough time with their people. If they're sick how can we fix that? So what they did was they built, an old, old building fell down, and it was an old prophet man lived there so they rebuilt. All the young people, only young people were suppose to rebuild this place. They send all the young people across the lake to cut down tons and tons of trees and the ceremony was put on those trees while we're building this, we're building a ceremony place. Elders brought, then the young people brought all the wood back from across the lake. You can see the boats just pulling these logs from the water and brought them across. They were dried out in the slab for a whole year. Left the skin on so the wood don't crack, stays whole. Springtime, coming spring started peeling the whole tree down and started building the floor, built everything. Everything was cut by hand. Beautiful floors. So the Elders were really happy the first ceremony was on the Sunday. All the women in the community had to cook. Every women had to cook. Bring something for this feast. All the drums in the community were called to this place. The children were all suppose to be at this place. All the young people all the adult, everybody. That place was just packed. Six hundred people packed in that one place. The Elders bless all the food a big feast. All the elders that were in a wheelchair they were all put there. Everybody was there. In our culture it's the men that serve the food. It's the women that cook it, the women have a rest. Everything was well. The Elders opened up with a prayer, bless all the food, then they come with a prayer, with them. Boy what music, and ho the spiritual song was incredible and then after that they had feast, the elders talk, they tell stories, they sang songs they do all kinds of things while people eat. There was about three elders that were jokers, they come up and they joke and they make people laugh so hard. And all these were such a gift. The community people laughed, laughed even the little kids laughed 'cause everybody speaks our language. Nobody spoke English, just Slavian.

Elder Two: Then after that after all the feasts over they clear everything out the little two year old children, two years old, the little boys, all got up with their little drum and they have to do a song. And they have to sing and drum. They're given drum right from the time they're born, those little boys. And they had to get up and sing, boy I tell you there's no room on that floor, everybody danced for their song. They played, play until they got tired. The young people came and they played, played and then there was the adult people and then the elders played. What a ceremony this lasted 'til about two days, was this whole ceremony. Joy, the spirit, there's no such thing, off balance. It was just so much joy. Every Sunday after that they have the ceremony, to this day they still got it. The spirit of the drum is the greatest gift that we have. When we don't teach those gifts at the very early age we lose it. We don't live forever we never know when we are going to die, we pass it on. That's where you pass it on to the children. When the young people start get older they start making their own drums, they to carry them. The women, incredible sewers. You talk about tradition I was showing you something about the traditional ways of womanhood and teach you how to sew. They got to. You have to be in this little house for three, three, three days, I mean three weeks, four weeks, until you finish all the grandmothers' opers (sic) and slippers

Elder Three: Yeah. (Laughing)

Elder Two: You can't get out until you do that. (Laughter) That's the, the restriction that you learn, so that when you are making something you don't do it five years and finish five years. You do it now, it's finish it in a few days. (Laughter) When they show you all these things, you talk about the respect to the men, never step over a man.

Elder Three: Yeah that's right.

Elder Two: You never step over his clothes, teach them, they're taught this manhood, to put their stuff away. Their hunting stuff could never be in the same house as where the women are, they got to be put away somewhere else in another building. Everything has an order, that's law. And those laws have to be followed. The respect of the man, you don't do that. When they're eating you can never go behind them. You wait 'til they finish eating before you pass them. Those are all the laws. The first people that eat is the elders first. And then it's the young people, the children. We, this is my household, I eat last, 'cause this is my house. Out of respect for everybody that's what I do. Those orders in life don't come for no reason. When we're young we're also taught our storytelling are really important because they tell us stories from way back. All the spiritual people, great people. In our country their strong medicine man was name Yamuriah. He kills giants and giants and beavers and giant animals and giants of everything. He took a mountain top and he moved it over there. He did all those things, Yamuriah, it's our great medicine man. That life that he gave, he gave us laws to follow too, it was a direction from the Elders, those laws are there.

The songs that come our people at home. That have over fifty-two songs, all those songs. Each one has a meaning, there's a woman's song, man's song, children's song, love songs. Welcome people song. River songs, sky song, mother earth song, animal songs, there's all kinds songs for everything. When you come to a meeting like this you're suppose to do a prayer and a song. You can't go without that. Because those songs are the ones, there's a healing song. There are people today in this life because of the way they were raised by residential school or however. They've lost that spiritual aspect. Today when I look at you Researcher, I say "Researcher I don't like your hair." You look at me and you say nothing, 'cause I hurt you. We're so well trained to do that today, because that's what we're taught in that, in that, those little, what do you call that, pyramid structure. That triangle shows us to do it that way. Instead of looking at you and saying, "Researcher, oh I love your hair, I wish mine was like that." I work hard to try to get my hair like yours, but I can't. My dad died eighty-five, no white hairs, I'll probably be the same. I'm getting there. So those things, we don't know how to say that to each other anymore.

We start passing on bad medicine to each other. I get cases once a month, twice a month of people coming to me that people put bad medicine on them. Even if your hair fall down, one hair, they'll pick it up, you could do bad medicine with it. They could do that while you're sleeping, and bring a little black fly, bad medicine black fly. It come and just take a snip of your hair, fly away. Whoever's doing it to you, that's how it becomes. I take medicine, that's bad medicine away from people. I can't just do it with ceremony. I have to do it with my spiritual song, to take that out. I see it come out. There's so much of that going on today, jealousy, envious. Those are not the things we were taught in our culture before. But those things have come, those things are here now. Movies, music, everything is implemented into santanic (sic) ways. All these things come. It is so powerful, powerful, powerful. No wonder our people are lost.

So when I talk about healing our people and healing our elders we've got to do that with our elders first, heal them that way first. To get out all the dysfunctional things from them. Find out right from the start how do we do it. We talk to them first. I have ceremonies, traditional foods are really important, to heal our people, you have to have. Our roots every four seasons got medicine to help it. For springtime medicine to wake you, summertime if you gather those medicines to help you through that summer in the heat, whatever's there that medicines strength. Fall time medicine come, you take that, it's like hibernation medicine. It helps you through the whole winter how you going to. Winter medicines are there, you got to look for them and that helps you to keep warm, to keep better. There's a life of medicine.

Exercise is real important. I don't do to much exercise. I don't do too much walking cause I'm always working, travelling. I never walk too much cause I'm always working. Never take time for me. But for our elders, we start doing therapy with them again. Wow, you see the difference in the elders. Some of them they can never walk are walking now. Traditional food we start giving them a lot traditional foods, soups, all these things for healing. We started putting it back. And it's working, their attitude is changing now. I tell them religion, spirituality, it's no different it's still the same. It's no difference. It's the preacher, it's the people that teach in the church are the ones that make the difference. It's not the religion itself, it's the preacher. So be careful what you're hearing. You have the right to go up to that priest and say "you're not teaching it the right way," like I do today. They ask me now to do lot of teachings. 'Cause they want implement spirituality into the church now. So we've been working with that and it's good, it's working good. Ceremonies, sweetgrass everything's coming into church now, it's working. 'Cause we can never tell people 'cause they've gone so far now into both areas you can't say you're doing it wrong or you're doing it wrong, no. It's equal. So we make that balance happen. That's got to stay.

Those are the things are important to us, never judge what the elders go through or how they're travelling right now. You love them just the way they are. They work hard to be where they are. We love them just the way they are. I got lots to give but I'm going to do that tomorrow. But I want to say, is that I really thank you my brother Elder Five for being here. I see you like a eagle, I don't know why, but you got that eagleness in you and you're very sharp and that's what I'm really thankful for is that sharpness. You'll never ever let anybody come into your life that's going to interfere, to off-balance yourself, your family and your people. You be strong and carry on. You need to be taught more. Get the teachings while you're still young. And learn to walk both in balance, because we're going to depend on you in the future. We want to have somebody behind you walking behind you so you can teach them that.

My sister, going home tomorrow, you keep up your work. You're learning lots but you still need to go lots ahead yet. Don't be ever afraid to go ahead when the message come, gifts come at you, go with it, and continue your work. Because the more you do that the more your teachings going to come. There is a grandmother and a grandfather walk with you, and they're very powerful. They're the one that push you, they nag you, they make you do all kind things so far in your life. You keep going. When you finish that road you never ever stop learning till the day you die. When you finish that, all that work that you done, there's no, there's lots of room up there for you, you're going to keep teaching. So keep on your journey. Keep working. You get sick, ask them for help, they'll help you right now. Ask them to help you fix that back. You don't ask hard enough. (Laughter) So you're still travelling with it. You've got every tool in this world that you need, is there. Practice it every day. It will be good so we won't call you wolf. And Researcher I thank you so much for putting this together, this potnack. You're going to make sure the programs for the elders when you go in, they'll give you more. And I tell you it's just going to be good. I see it already ahead.

I got lots to give, lots of teachings to give. It's so big that this time in this short time you can't give it all. But these are the gifts from the Elders that has implanted in me, from the time I was very small. Five years old a big huge ceremony came, shaking head, I went through. Those ceremonies one day will come back strong. I see some of the Nations across Canada are doing it now. That our people are going to become stronger and more people are going into shakiness. There's other spirits from another world up in space that are coming in to help our people become stronger. *(Cree-you brought the spirits back).*

Elder Five: (gesturing to Elder Seven) The oldest among us.

Elder Seven: Oh, I have to talk. Oh. (Laughing and in tears)

Elder Five: Want a coffee?

Elder Seven: I'm just so, it's so amazing, eh, how things come when they're suppose to come. Like, for me to be sharing this time with you. Like, I've prepared my, I was coming by myself to come to this Home-Care Conference. With, you know because I'm focused. And, 'cause, the community I'm in and I was just seeing so many things and I was all over the place, and I thought I have to focus. And so I decided, that because I too have so much to learn and I just have this, for the older people, I'm just always there's always, since I was small, drawn to older people. And then, so I thought, I'm gonna focus, that's what I'm going to focus, is on, my aboriginal, my own people and the older people. Because I can't be everywhere and be doing everything, I can't. Then it's, it's a sharing thing because I can give what I learned in this University and stuff and with my whatever, and then. Or maybe when I learned how to be able to talk in, in this non-Native world, maybe that's when it was. I didn't really know. And then you, you who are here doing your Master's on gerontology focusing on aboriginal seniors, which is just amazing because I said to my colleague that I work with, the other nurse 'cause we always are talking about where we are going, and I said "that's what I'm going to do." And then to be, the Creator to bring me to this, with all of you and, and Elder Five here which is like 'cause I was feeling so alone in Hinton and he's, he's there and he's coming to Hinton.

And it's just amazing the way that the Creator is working. And if we stay on this path and try, and keep ourselves open and try and live this life of balance and I cry. Like I cry so much now and before I never could cry and it's so, it feels so good. I said to my friend once cause we were talking and I just started crying and I said, "it's like a orgasm." (Loud laughter) Because it's just so, it feels so good. Because I think, with my own family and you know that's a whole other different thing, because when you tell your stories about how it's so clean and that experience at the residential schools, because my parents were never exposed to nothing. They took us away from their family and the reserve and we were always alone. I guess that's why I feel so alone. And then to be, to start to be open and then when I'm open then I get brought to people like yourselves and I get the teachings that I'm going to need. And I just, I cry because it's I guess what was always in there and now its starting to come out. And it's so well, it feels so good. (Laughter)

But it's so strange because you know I, I remember 'cause my father too. I, he never was in a residential school but his parents must have been and see we never knew our grandparents because he was always that same thing, you learn once. And you don't cry and you don't bend to anything. And so that's the way we were. So nobody never cried. And now they're crying, everybody's crying because my brothers and sisters are going through, you know the same sort of thing that I am going through. And my parents don't know, they haven't started to cry yet. So they're, that's I guess maybe what we're going to do. Is we're going to bring this back to them because and it'll go that full circle again, which is, and I thank you, you know for, for allowing me to be with you and to listen to your, to what you have to tell us. Wow

Quiet Rumblings

Researcher: Wow. Now I'd like Elder One to finish this. I would like Elder One to finish.

Elder One: (very muffled)

Researcher: Yes that's what I would like.

Elder Three: You're I'm going to be finished tomorrow, but then the closing prayer.

Elder Six: No, no you, you're, is he going to stay, for closing/ blessing?

Elder Three: Ok. Because I was surprised when he said he's going to a closing prayer usually he does it for the very last day.

Elder One: No I said that.

Elder Three: So we're finished today? So we'll go home tomorrow?

Elder One: No I said a blessing. B-L-E-S-S-I-N-G

(Lots of laughter)

Researcher: Elder Three look at you.

Elder One: She wanted me to lead a closing prayer.

Researcher: Before you do that. I just want to say thank you, thank you, thank you a thousand times thank you. I am so glad to have you standing beside me in Edmonton and the synchronicity of you being here is magical, really it is. And it is really fun to have you (Elder Seven) just down the road too and I hope that we stay in touch. Elder Four I thank you for coming and sharing all your wisdom and knowledge and for giving me the directions that you've been given and I will keep in touch with you. I will, I will always, always keep in touch with you and I hope that I can call on you when I need to. I just thank you so much for coming

Elder Four: One thing I would like to say is I tell this to everyone, I've spoken a lot tonight of my, my grandmother, and you spoke about your grandmother being or your grandfather, grandmother being a medicine man, and she was also and I have often said that I walk in her footsteps because of all her grandchildren she chose me. (Laughter) And I used to laugh because when I grew up as a child I grew up in the white community, I did not grow up on the reserve. And I used to run across the river to be there with my people because I could not help it. After the paralysis left, all the years of the paralysis I would paint a frame on the wall because I spent my first eight and a half years of life flat on my back in a bed. I did not know what it was to walk, or to be outdoors or to run in sunshine. And I used to paint this frame on the wall. And the grandmothers would come and would go like this to me and I would walk into the picture, and it would form and I would go with them. And that's what I did for the first eight and a half years of my life.

When I got better, that's when the bad times started, and that. But she was always there. And I would go over there and there was a wonderful woman, Rose Barnaby, God rest her soul, who took me under her wing there. She had about eight, nine children and I would go down to the wharf after school. I remember they had a ferry there, going across the river. Theré was no bridge there, and I would go down there and I never had the five cents to pay to cross the ferry, never ever had. (Laughter) But he would see me coming, running down the hill I, he would go "ok, come on, come on" and I would go over there and play with the children for about two hours and sit and talk with Rose and then I did that until I was sixteen. So I had part of it there and part the other in the white community. I always used to say or I always used to feel, used to feel back in those days that I was split right down the middle and half of me walked on the New Brunswick side and half of me walked on the Quebec side. And I always used to feel that if they could see me, this half of me was brown and the other half of me was white and I always said I felt like I was two-toned and split. But I always felt home when I was over there visiting. I always felt home, there was never any difference. But I always, always was faced with that racist problem. I had to learn to walk a middle ground between the two cultures. In school if I played with Native children I was beaten, if I played with the whites they told me to "go to the other place because that's where I belonged." And I grew up like that. That feeling of not belonging. But I have longed since learned that I do belong. And I only walk in her footsteps, and only do what she did. And follow her guidance. And I thank the Creator for putting me here to sit with you and be a part. And as they called me home my name is (Micmaq) it is planned for me, and she who flies with Raven (whispers in Micmaq ?).

Quiet rumbling

Elder One: As we complete our circle this evening and having shared amongst each other what we have to offer, gives us that encouragement to reach that goal that was expected from us. To be able to find ways and means of how we can accomplish the task. There are times that we see ourselves looking ahead, how difficult, whatever it may be. But being given that spiritual guidance and who we are to be asking for that guidance give us that strength to carry on what needs to be done. In your own way, in your own mind bless for this day for what we have to come together for (prayer- in Dogrib, "our father creator of heaven and earth…")

Elder One: Turn around. (Long pause) Now you turn the other way. *(Translation-come)*

Elder Five: Curious isn't it?

Researcher: Yes it is.

Quiet rumblings, end of session

SIDE B TAPE 3
Blank side….

TAPE 4 SIDE A

The Participants: Elder Three, Elder Five, Researcher, Elder Two, Elder Six, and Elder Seven

Day 2 November 5, 1997

Researcher: Note for the record, this is now Tuesday morning and Elder Five and Elder Four have gone home so there are only one, two, three, four, five, six of us in the circle this morning. We are back together again this morning to wrap up, finish presentations, finish lessons and we need to be back at the hotel shortly before noon so that Elder Two can check out in time. So, I'm all right even with coming back this afternoon if we need to. But we do need to be, let's say we'll break here at eleven thirty for sure. Is that ok? And then...

Elder Two: Maybe quarter to, it takes five minutes to the hotel.

Elder Six: Well lets see how's it going.

Researcher: Quarter to, yep good, good that works. But that time frame just so that we have an idea.

Elder Three: Yeah.

Elder Six: I guess it's around ten o'clock.

Researcher: Yes.

Elder Three: Well we were listening to Elder Four's love life.

Elder Six: Right.

Researcher: Yes.

Elder One: Fell asleep.

Elder Three: We all fell asleep. (Lots of laughter)

Elder Six: I wanted to give you a gift. (To Elder One) Just so that you know that I wanted to talk to you as well about I'm in a relationship with somebody who's sixty-five years old and I want to be able to, I want it to last. So I want to be able to have, I want to talk to you about that so that if there's anything that I should know that would help me.

Elder One: Ok. (Laughter from group)

Elder Six: You're close to the same age.

Elder One: Yeah. (Laughter from group)

Elder Six: Maybe.

Elder One: Well anyway I want to begin by focusing on some of the things that we were trying to separate, dependant and independent and there's another category in between, it has to do with health. Those people that cannot help themselves in someway, they can help themselves by getting a little help from, from the services.

Researcher: By accepting the help you mean?

Elder One: Yeah, yeah. These three things that come to mind in regards of what I said yesterday, that elder that I knew in, well in his eighties that brought his own wood everyday, the same with that woman, that grandmother, I guess I would say. She was well in her eighties same thing with her. She always went and cut wood late in the, towards the evening and packed it on her back, she lived alone. But as soon as the, I don't know who came up with the idea that they were going to place them in the home because we were isolated then, where all you can fly in and fly out. So anyway, as a result of that experience I can envision these grandparents in that way.

When my grandmother died overnight just because she was told she going to be sent away, that took everything from her, you know. And the elder that man that every now and then his grandchildren, he would live with them but most of the time he was alone. Were all about in his mid-seventies he still build his own house, out of logs, we used to see him paddling with one, towing a log behind and eventually pile them up, how many he needed and before winter set in he had his house. That's how energetic he was and so forth. He used to tell us, to say to us, "you know, never wish to be as old as I am, you going to go through a rough, rough and hard life," that's what he used to tell us. "Don't wish to be that old as I am because that's what you're, that's what's going to happen to you." In other words he put in a way that nobody cares about him at that age and he yet, he had to survive and that survival with him and who he was made him to be there eh. Able to be independent to do what he had to do for himself. That's why I talk about this. I see them those people right through their lives being independent and I see my mother also ended up in the citizen home because of her health. She was placed there because of special.

Researcher: Yes.

Elder One: Special therapy or treatment, and she had no choice but to go there. Ok? And I see my auntie in that same environment where my mother was she was older then my mother, and her, she struggled with language because she could not speak English. She used to say, or to my mother, that she was abused, verbally abused by the staff because she couldn't communicate. And as a result of that she could not communicate outside to bring help into the inside, because of that barrier. That's the way I see my auntie. And the other one, that I was thinking about in those three categories is the, those people that are still in good health but to be encouraged to be independent, just get help as one needed it. Like she was talking about her community the six-plex the ones that can look after themselves they had they lived in these complex things.

Researcher: Right.

Elder One: They were just supervised each day to see whether or not they need anything. The important thing that I see about this is, a community initiative. I don't think that I can say my mother felt comfortable when she had to go to Kenora. She would have rather stayed at home.

Researcher: Uh huh. (Agreement)

Elder Six: Elder One, do you think that financially, Native people have more difficulty because maybe they're not financially secure as, as maybe middle class white society seniors, the seniors?

Elder One: You could look at it in that way. You could look at in that way because we want to do these things as Aboriginal people, but we are always low resources to, no capital funding. So a lot of communities that want to do these, so that's what I was thinking of this morning, sort of where we had talked about, about these things that they are working, they can work together, but in the same form, we have to be careful not to place something here that people always have to go there.

Elder Six: And ask.

Elder One: Yeah, because that becomes very important.

Elder Three: Right.

Elder One: At home, at my age when somebody does things for me I don't feel right about it.

(Elder Three laughing)

Elder Six: Uncomfortable?

Elder One: You live alone my son comes and help me, my renovations, I feel guilty, even though he's my son. I rather just go on my place and do it myself. I'm not stubborn or anything, it's just the way I feel. I never became dependant (Elder Six in unison: Dependent) on things cause I was raised that way. That's how I see things as I experience through them, that it's so important to see that people they can be independent

Researcher: Yes, and supported and encouraged.

Elder One: She (Elder Two) talks about self-government. Yeah it will take time because the people have to understand what self-government is.

Researcher: Uh huh. (Agreement)

Elder One: If it's going to work for them and she (Elder Two) says the negative way could destroy them as well!. I'm, I'm at fear of that myself.

Elder Six: Elder One.

Elder One: To me, I think its just a bait put in here, ok you go and do it and prove to us that you can do it.

Elder Six: Definitely.

Elder One: With very limited resources to do it.

Elder Six: Setting you up for failure.

Elder One: Yes.

Elder Six: Another thing I was wondering, do you think that children have a lot of influence over their parents? And when they come into their parents and lets say you're too old now I'll take care of this, I'll take care of that or you don't do this, you don't do that so the parent draws back, says well I'm too old now I can't take care of myself my child, they love their children, so they're going to listen to their kids and they let the children run their lives.

Elder One: I think they are very, very low percent of people, of young people, that do care about them.

Elder Six: Send them to a home, whatever.

Elder Three: Uh huh, uh huh (agreeing).

Elder One: Very low morale.

Researcher: So what I hear you suggesting is that you need a commitment from the communities to (1.) not do things for the seniors, but to keep an eye on the seniors. (2.) take the initiative to go and ask, to check in on them, make sure they are all right, make sure they haven't fallen. Ask, ask if you need help with anything and just on a drop in kind of basis rather then automatically assume you cannot do it by yourself.

(Agreement 'hums' from group)

Elder One: Yeah.

Researcher: So you need my help.

Elder Three: Yep, well that that six-plex, what we talk about in the Pascraw Cree Nation. Mom used to stay in one of them, and one of the things that they have they have homemakers coming everyday.

Researcher: Yes.

Elder Three: To clean up their apartments, to wash dishes, to cook for them. When we were visiting there my mom was complaining about you know how these young people wash dishes, they don't wash everything, they don't wipe this you know so I was talking to the chief, I said why don't you just let her do her own thing.

Researcher: Exactly.

Elder Three: You know just let her do own thing.

Researcher: Yes, yes.

Elder Three: And maybe you know they can just drop in and visit her and talk with her.

Researcher: Yes.

Elder Three: I said maybe that's what she wants just, 'cause as soon as we walked in her place, got up right away made tea for us. She asked me, she said can you make bannock for me? And right away I made bannock.

Researcher: Right.

Elder Three: For her.

Researcher: Yes.

Elder Three: And she says, "my fingers get so sore", so right away I made bannock, but she cooked dinner for us, she washed her own dishes, like she washed her dishes.

Researcher: Yes, yes, yes.

Elder Three: You know she washed the dishes. She said, "don't help me", you know, " go sit down".

Researcher: Yep I'm...

Elder Seven: I think, I think I'll be that when I get old.

Researcher: Yes

Elder Three: Yes, and then, and then I went and talked with the Chief and counsel. I said, "you know," I said "when you do that to our elders," I said, "when, when you send somebody there clean up their house they're very insulted." I said, "you insult them." And I asked the Chief, I said "how does your mom and dad feel when you go there and start cleaning up their house and, you know, start washing their dishes?" He said, "they'd be mad at me." I said, "same as the old people, you know." And another thing too when my mom, when I was still living over there she, they, they made her this brand new house everything in it, you know, electric heat and a fridge and a stove. So my sister phoned me, and I was working at the hospital at that time, and I was nursing and she said, "Elder Three she says come and help me our mom is moving into her new house." So that at that time the Chief was the late Charlie Constant, so I went to the band office, and he said, "oh my auntie's moving in," he says, "can you help her?" I said, "yeah we're helping her." So we, we moved my mom's stuff, you know, as soon as she walked into that house she said, "I don't want that." "I don't want a fridge and stove." She said, "I will not move in here." She said "I want a wood stove, I want wood. I don't..." But she said "I'll keep the, I'll keep the lights," she said. (Loud laughter from group) But, but she didn't want the electric heat.

Researcher: Yeah.

Elder Three: The electric baseboards you know, the electric heat, she didn't want that. She didn't want the fridge she didn't want the stove, the electric stove. So, so they had to pull out, they had to pull out the baseboards in one day. (Laughter) Then the electricians came and they had to take the fridge and stove out so I took her to this second hand store, 'cause the chief told me take her there, you know, get her to pick out her stove and get a good heater. "Don't, don't get one of those airtight heaters," he said. But that's what she wanted is that airtight heater.

Researcher: Yeah

Elder Three: That's what she wanted. And I told him, I said, "well what if she wants one?" I said, "what, what can I do?" "What can I say?" So she bought an airtight heater and what, what can I say to her, you know? So they set up her stove her wood, her cooking stove and her airtight heater, they got ever, every two weeks they drop wood for her. They would get wood for her. And one time, I went to see her she says, "I don't know what's wrong with these people," she says. (Laughing) She says, "I can go and get wood in the bushes." I said "mom," and so she grabs her little axe and she goes into the bush you know, when he's (Elder One) talking about that lady carrying her own...

Researcher: Yeah, yeah, yeah.

Elder Three: That's what he, "never mind this wood", she says.

Researcher: Exactly.

Elder Three: You know, so we were laughing at her so I told my sister, said "just leave her alone."

Researcher: What about, those are the elders who are fit and well and very active. What about the seniors who are not so active, not-disabled but, but don't have that good attitude, don't have that good spirit? Have lost it somewhere along the way, what about projects like, for instance, a communal garden so that the community does a garden that the seniors? They don't have to have it all there own garden so that they feel they have to be out, you know, twenty-four hours a day, caring for it. But, the community itself can have a large garden where everyone can share in the caring of it where the food then goes into a feast for everyone. That… would projects like that work?

Elder Three: Depending what, what community.

Elder Six: Yeah, that would be a, that would make a big difference, 'cause lets face it now most seniors feel that they're not wanted around.

Researcher: Yeah.

Elder Three: Yeah.

Elder Six: Or there's no use for them and the community respect them because they're older, but they really don't want them around and they've got their own centre. Like in our, my community we have everything, you know. Like our seniors have their own seniors' centre and they get on buses and they take trips together and they go, they go to vacations together, they work with the church, and all kinds of stuff, you know. So they're really well looked after and then the ones who are handicapped we have a hospital, which is more like a seniors' home.

Researcher: Yeah.

Elder Six: 'Cause a lot of seniors there that people with diseases that are bed-ridden or whatever and but they're lonely, those people are lonely in the hospital. People are there to work with them not to befriend them.

Researcher: Yeah.

Elder Six: So I, you know, like depending on, on the communities, depending on, on like young people will come in, and this is suppose to be for the seniors but young people will come in and do everything.

Researcher: Yeah, and that's not what we want.

Elder Six: No, definitely.

Elder Three: One, one of the things that I find in my community in that seniors, that, that care home is, like I, I try to encourage my cousins to go and see their mom. And every time I go by my, my, my, auntie's room, like I stop by and talk to her and she still recognises me. And I would say "I'm Katie recognise me?" And she says, "yeah I know who you are." And she would mention her daughter, she says "can you tell your sister," like she says "your sister, to come and see me." I said "ok," I said "auntie I'll tell her." So I told my cousin one time I said, "let's go to that care home," I said "and see our moms." So she came with me, but I guess as soon as she walked into her moms room she says "who are you I don't know you." (Laughter) "What's your name?"

Elder Seven: Was she joking?

Elder Three: Yeah. (Laughter) So I we, we went to see them in her room. I like, my mom and I said we were visiting them there and they were really happy. They were just chatting and they, then we were just, they were really having a good time and we were having tea with them and we spent all, all afternoon with them. And my I told my mom, "I'm going to be going home tomorrow" I told her. And I said "I'll come and see you again when I come, when I come back." And I think that's the saddest part too, when, when I, when I go and see her and I don't want to leave, I don't want to leave her there. You know that's the saddest part, but now that I'm going home I got my own place, you know my sisters place and I'll be bringing her home more often now. You know, and she can walk, you know she, she's able to walk.

Researcher: That's good, yeah.

Elder Two: You know, I just want to say a little bit about the elders like. My parents were Elders when I was born. Mom, my dad looked after himself, all his life 'till the day he died. Even for him, no matter how sick he was he still wanted to get up and go the washroom by himself whether he walks or crawl. That's independency. That's what he was taught. No matter how sick he was he still woke up at four o'clock in the morning, that's his time. And he stays up as long as he can then he'll go back to bed. My mom was the same way. No matter how sick she was towards the end, she had lung cancer, no matter how sick she was she still didn't want any of her children anybody coming into her house doing things for her. She wanted to do it herself. No matter how sick she was. I asked her if I could stay with her, I asked not to look after her, but just to stay with her and she looked at me and said, "why you want to stay with me for?" "Want to keep and eye on me," that's what she told me. (Laughter) And she was hard on me with that. I said, "I understand mom, ok," I let you be. One of the things about, for senior citizens, who have done so much for them, some of the elders still like to live in a long house so that the elders still dependent on those things that they've lived with all their all lives

Elder Three: Yeah, yeah.

Elder Two: The way they cook their traditional foods is really important for them to cook that way. They have to have that food because that's their life, that's what kept them alive for this long. As soon as we try to change their values of their life we will go down, they will get more sick. We try to keep them the way they have, they want to be. My auntie was the same way until they put her, my community decided to build this senior citizen home. Because there were some elders that were disabled. So they put them in this home, our elders started to get more sick they started to deteriorate. The heat that you feel right now, is very dry, its very hard on the throat

Elder Three: Yeah, yeah.

Elder Two: It's hard on the nose, it's hard on the head. Because you're breathing that dry air all the time, there's no fresh air coming in. It's the same dead air, our people started to get sick, more, our elders. Some of the elders were asked, they asked to moved out from their, back to their old, their old cabin, no running water, no nothing, but they were happy with that. They loved to put their jackets on, the middle of winter blizzard, it don't matter, just to walk to the bathroom outside.

Researcher: Yeah.

Elder Two: They enjoyed that.

Researcher: For the elders who have been in homes that, can they come out.

Elder Two: Some of them aren't able to.

Researcher: Some of them aren't able.

Elder Two: But the thing is.

Researcher: But those who are should be encouraged to be out.

Elder Two: But the thing is that the facility that is built.

Researcher: Isn't right.

Elder Two: Is the wrong facility that is built.

Researcher: Ok.

Elder Two: If you can get a facility where everything that they have at home is the same there.

Researcher: Yeah, where you can open the window to get some fresh air. And the wood stove.

Elder Two: And a wood stove and little cabinet, maybe a little cabin, little, could be little round building with just the one big bedroom with the bed there, with the stove there, and with their little kitchen stuff that's what is good, nothing to do with cook stove like my brother say, all those things, that's not important to them.

Researcher: Yeah.

Elder Two: But doing those things, cooking in the fire, in the wood stove that's important to them. Putting a pot of water on top of the stove, that's important. They want to cook bannock, they do it on top of the stove they like that. Everything they're used to, when we take their lifestyle away that's when they die.

Researcher: Yeah, yeah.

Elder Two: You can't away, we kill their spirit.

Researcher: Kill their spirit, yeah, I hear you.

Elder Seven: And their daughters will come with their children to places like that.

Elder Two: Yeah and they become a lot like, the grandmothers really love their grandchildren. But the thing is sometimes it's just too much for them. One or two of them is good.

Researcher: Yes.

Elder Two: And one of the things I found out about grandmothers and grandfathers, they spoil their grandchildren.

Researcher: Yes.

Elder Two: Too much.

Researcher: Yes. (Laughter)

Elder Two: To the point when they grow up they want, want, want. They still going to their grandmother give me money give me this give me that I really want buy this I really love that.

Elder Three: But not us, not us. (Laughter and agreement)

Elder Two: But I see lots of that in my travels where I work, across everywhere I go.

Elder Three: It happens. It's no good.

Elder Six: I'm like that I do the same thing.

Elder Two: Because you don't teach your grandchildren responsibility and dependency on their own. It gets to the point where, when the children become alcoholics whatever. Then they start going to their grandmothers and grandfathers and beat them up and that's the scary part.

Elder Three: Um hum (agreeing).

Elder Two: One time I had to take a young man and just take him by his cuff and I put him against that wall because he beat up his grandmother. I told him, I said, "I'll go beat you up, because I will not stand for that you have no rights to touch your grandmother." "Your grandmother gave you the seed to where you are today." "How dare you, don't treat that way, how dare you treat her without respect."

Elder Three: Yeah that's right.

Elder Two: After that he's crying, sorry he go for treatment now I said, "whether you want it or not." I said, "I will force you to go."

Elder Three: Yep.

Elder Two: Because you don't treat her like that. Maybe tomorrow she will go because you broke her heart. There's not enough tough love to the grandchildren,' cause I tell you if we could get the facility exactly the way the grandmothers, grandfathers, eventually if they can't look after themselves they will go to that place.

Researcher: And more willingly.

Elder Two: Oh yes, yeah, yes. And that's where, you know, that even if you have facilities like that, we still have trouble with money. Like my brother was saying there's not enough dollars to do everything we want in the community.

Researcher: No.

Elder Two: There's not enough dollars, everything is focused in the urban areas, in cities. They get everything. That's where most of our money goes, even though we have, were suppose to have billions of dollars for the native people for non-insured benefits or whatever it is for native programs.

Elder Six: They have to fight for that stuff.

Elder Two: They have to fight and it goes to government. Government hires people with that money, everything with that money. When we ask for a little piece of that money to come into our community so that we can have a facility where we can do exercise with the elders, in that home that we built for them. "No I'm sorry we don't have the money in the budget." And then when you go in the city you go to seniors citizens home there, they have everything.

Researcher: Have a, yes, uh huh. (Simultaneously)

Elder Two: And they, the community struggles and we they fight this all their life. And because we know what's important to give them in the community and, and we still don't get... CHR is up to there with so much work we can't do it. So we look at all those frustrations. I'm going to be an elder soon, I mean an elder, elder but I don't want nobody to look after me, I can look after myself. Till the day I die like my mom and dad that's how, I'm going to be, even if I have to crawl towards the end, I'll do that myself. I don't want nobody to look at my body, just my husband, that's it. I don't want nobody to touch me, only my husband. Lot of elders feel that way.

Elder Three: Yeah they feel violated.

Researcher: Yes.

Elder Two: Yes. Somebody coming and stepping in their way its like in when we go in the hospital they get mad because a man touching an elderly woman, boy she gets mad. And that man that's a woman touching them, boy that's really hard.

Elder Three: Yeah.

Elder Two: And one time our elders he couldn't speak English went up and down the elevator in Edmonton Camsell hospital. Was going up and down the elevator, didn't have nobody meet him at the airport, but for some reason he jumped in taxi and he said, he couldn't speak English but he said "Camsell." Taxi driver knew he was going to the hospital. Goes to the hospital he don't know where he suppose to go. He sat there for a long time, not even a nurse come up to ask him "what, what do you want?" Nobody there have no respect for elders. So finally he went up, he couldn't speak English and they asked him "what's your name?" He gave him his Indian name, they still couldn't understand. So finally it just happened one woman was coming into visit her and she spoke a little bit of his language. And so she went up there, she went up there for him and told them who he was and he was sick and they never even checked him. So when he found out who his named nurse is, "ok come, I'll take you out to your, to your room."

I guess he don't know. All he knew, that she was, that she was taking him and then something happened. And she walked him to the elevator and then she didn't even go in with him. She went out somewhere else. So this elder said, "well this is my room. "Boy," he said "this hospital must be really poor, you don't even have a bed for me." "They have nothing in here for me, I guess I have to sleep on the floor like that with my jacket." So he, so he went up and then the door opened and there were people coming in and he said "oh what nice people they come to visit me." And then press a button he went somewhere else. The door opened and those people never talked to him they just stood there, and they walk off. He said, "what kind of people are these people, they don't even talk to me." And they walked out. And again he was ridden up to, he was going up and down the elevator for oh maybe hour and half. Finally I guess the door opened to the main floor again and this nurse says, "there you are." So she he, she went with him this time to go to his room, nobody to interpret to him and there was a woman doctor that was looking at him. And oh was it ever embarrassed. She was trying to look at him underneath, everywhere he just hold on to his clothes like I just hold on, wouldn't let that woman look at him. So finally they had to get the male, what do you call it? Security over there.

Elder Six: Orderly.

Elder Two: Orderly.

Elder Seven: Commodore.

Elder Two: Then to, to work with him, and then he will let her as long as he was doing all the touching.

Researcher: Touching.

Elder Two: So when he was time for him to go home, still nobody come, interpret for him. He didn't know what they were doing with him, he didn't even know if he, if they knew what he was sick of. He didn't know nothing what they were doing, but he was sick. And in about maybe a week or so he was able to go home. So they put him in a taxi to take him out to the airport. He don't know what he suppose to do there. He had this jacket and his parka and he had put it, I guess the nurse put it away for him. He didn't know where it was, so he went back on the airplane back north.

Elder Seven: No coat.

Elder Two: No jacket, middle of winter it was about minus fifty. He come out of the airport with no jacket, as soon as some of the women were at the airport that were his people he said" gee," she asked him, "where's your jacket, where's your parka?" He just said "I don't know where the nurse put it, I come all the way here with no parka and I was really cold." So she went down right away to her uncles' place and they got a big huge down parka. And he said "I never felt so unsafe in all my life, to live, to go through this by myself."

Elder Six: What was wrong with him?

Elder Two: He had the stomach flu, no stomach problem and something wrong with the intestine.

Elder Seven: They operated on him?

Elder Two: Nothing they just gave him pills and talk about those pills make him so dizzy he felt so uncomfortable. So that's the type of thing our people have to go through unless nothing. They can't heal themselves because they are in fear, the fear of unknown, what's going to happen to them.

Researcher: Invasion.

Elder Two: Invasion. Because of cutbacks too happening with government there's not enough program there to even look after them when they have to when the doctors come into the community they can't do nothing 'cause they don't have the equipments there.

Researcher: Or the facilities.

Elder Two: Exactly.

Elder Six: Well, well that's something that needs to be changed, why should those people be displaced to that extent, for take example what happened to that man.

Elder Three: They have a program here in Winnipeg, I worked in that program. As a matter of fact I was one of the movers of that program. Exactly the same thing happened to my uncle. My auntie phoned me and says, "your uncle is going to Winnipeg." I said "ok," I said "I'll go and wait for him at the airport." So I went to the airport and my uncle says, "I don't know where I'm suppose to go." I said "ok," I said, "tomorrow we'll find out that." He says "I'm suppose to go to this receiving home, a place here and they have I think they have four, four receiving homes here, or five, something like that." But anyway I said "no," I said "you're going to come and stay with me, in my own home." So I, I told the boys to give up one of their beds for, for their grandpa. So I phoned the next morning. I didn't go to work, I phoned my boss I said "my uncle's in town," I said "and he doesn't know the city." I said, "he doesn't even know how to talk English," I said. So I, I took him, I took him to medical services and I asked why he was here, where I was suppose to take him and so, so I took him to the hospital and I was talking the doctor and I told it's exactly what I said "I want you to tell me exactly what's wrong with him so I can tell him," and that doctor said he doesn't need to know.

Elder Six: Gasp.

Elder Three: I said "what?" I said, "forget it then," I said "I'll take him to another doctor."

Researcher: Yeah.

Elder Three: But anyway so I took him to another doctor, I phone my doctor at the north Westbrook clinic. So I took him there and I told Dr. Olson, I said, "this is my uncle" I said. "He's from up north," and I said, "I gave him his papers." He said, "ok we'll see him." So they, so he told me to go to Misercordia hospital get some blood check. Well then he said "we'll have to keep him in the hospital." I said "fine," so I was telling him what this other doctor was telling me you know and I said. "You know, Elder Three," he says "your uncle is lucky to have you," he says. "We have a lot of elders coming from up north that don't know the city that don't know anybody." So I went, I used to have this doctor this woman doctor at the children's hospital when I was working there. And I went to see her and I said, "Dr. Longstaff," I said "you know our people, my people are suffering," I said. "How many of my people are in a hospital that don't know how to talk English, that don't know anybody?" I said, "is there anyway that we can develop," what, what, what I called it was, it's still called that. The hospital visitors and interpreters.

Researcher: Right.

Elder Three: I said, "they should have a Cree, Ojibway, Oji-Cree, Sioux," I said, "and hire two, two of each."

Researcher: Yeah.

Elder Three: So he said "well I'll take it to my director," she said. And I think it was about two weeks later, this woman phoned me and she said her name is Margaret and she said, "can I talk to you?" I said "yeah" so I went to the hospital and I, she said, "we're going to be hiring people for hospital visitors and interpreters." I said, "wow that's, 'cause I was just jumping up and down you know." And she said, "it was you that really, that really wanted this program." I said, "yeah because…", I said, "For an example" I said, "there was a woman from Northwest Territories and my friend was coming off the plane, Belinda was coming off the plane and she had asked me to go and meet her and I was, I was sitting there. This was in the evening. I seen this woman sitting there with a baby, an Inuit woman, so I went and talked to her and she said "I'm very hungry, my baby's hungry too." "I've been sitting here all day, nobody came and somebody was suppose to meet me here." And her baby was crying, but my friend Belinda was nursing her baby and she said, "I don't have no milk." So Belinda said, "can I nurse your baby?" And she said "yeah," so she gave her, and my friend Belinda started nursing her baby. I said, "you come home with me," I told her, "and then you can stay at my place." So she I went and dropped off my friend and I and took her to my house and I said "if you want to clean up," I said "there's a bathroom upstairs," I said "it's up to you," I said "but my daughter is going to give up her bed for you," I said "she's going to sleep with me in my bedroom." I said "and that's where you can look after your baby" I said, "and there's food in here" I said, "you can eat whenever you want, I said just go ahead" I said "and tomorrow I'll see or I'll find out." So she had this envelope so I opened it and I, and the next morning, she was suppose, her appointment was that day at two o'clock and she was suppose to go on same flight that evening going back.

Elder Six: Back home oh.

Elder Three: So I went to medical services, I went to medical services and I gave that woman shit. I said "your people are suppose to go and wait for her, take her to her appointment, get her back at the airport make sure that she gets home." I said "what the?" (Laughing) I was really giving her shit I said, "what the hell is wrong with you," I said. "You sit behind that desk and just push a pencil you just give orders." I said "who does your dirty work for you," I said "and you get paid, for, for what?" Everyone, everybody was listening and then this guy his name is Percy Bird he comes out but he knows me, like he, he talks Cree and he said "what's wrong Elder Three?" So I told him I told him exactly what happened in Cree I told him. I said "your people should have a program that you know escorts, you know people that go and wait at the airport at the bus depot that for patients that come up north." And so I said "I'll take this woman to her appointment, you know, I'll look after her today and her baby." I said "but don't let this happen," I said "what if, what if something happened to her, what if somebody that is very sick and dies at the airport and you know, what happens then?" But anyways so I took her and I took her home and her flight was the next day so I took her and make sure I didn't leave until she got on the plane.

Researcher: Right.

Elder Three: You know I made sure, and I stayed another half-hour just in case. So I went home and that's when this woman phoned me, Margaret. She phoned me and she said, "we're going to be hiring," she says "and we want you to sit in the hiring committee." And I said "ok." So they hired two Crees, two Ojibways and they had back ups and that program is still going on. And I used to, we used to go in lake they hired me one year so I was a part time. So I used to go and visit the, the elders. So this one time me and my friend, my partner were called to St. Boniface hospital to go and interpret for this Cree elder from up north. So my friend said that "a, Elder Three," he says "you it's your turn," he says. "You interpret for this, for this, for our grandfather," he says. And I says "it, oh I just love the way you talk Cree," he says. "You sound so beautiful," he said, "you sound as if your going to start singing." I said "ok" and so we walked and then the elder was smiling at us and I said *"(Cree- How are you Grandfather?)"* I said "how are you grandfather," I said *"(how do you feel, are you sick?)"* and the doctor comes about maybe ten, ten fifteen minutes after he comes and I told him *"(are you still sick?)"* to the doctor *(this medicine is really good for you)*. We've been talking so the doctor said "tell him that in the morning we are going to be taking him into the operating room and were going to remove one of his kidneys." That's what this doctor was saying so I told him I said "(*Grandfather*)" I said *(they are going to cut off your balls)*." I told his balls was going to get cut off.

(Outburst of laughter).

END OF TAPE 4, SIDE A

Elder Three: . . . . operating room, I said "ok" so me and my friend stayed there all day waiting for him. So about 3 o'clock in the afternoon the nurse said "he's in the recovery room now you know you can go and see him," so we were both standing on each side of the bed and he looks at me, has a smile. He says, "I still have my balls," he said.

(Loud laughter from group)

Researcher: Probably reached in under the covers to make sure.

Elder Three: I think he just said that you know as, as sick as he was you know he was still he was still.

Elder Six: Still wanted to laugh

Elder Three: He still made that joke.

Researcher: Yeah, yeah.

Elder Three: But anyway, so they still have that program here.

Researcher: Good.

Elder Three: And like to me, the Creator helped me, to take that one step.

Researcher: Step, to get it going.

Elder Three: Get it going. And they had a feast and they invited me and they were trying to contact me I guess they were trying to get a hold of me. They couldn't, and they phoned my daughter and that, they said, "where's your mom?" So they phoned me at home at Shoal Lake. So I came and they gave me, they had a presentation because they said it was me that started that program. I said "oh no," I said, "I didn't I said these women did it, these are the women that were the front line workers." I told, "these are the women that you should be honouring not me and that they're the ones that go and spend hours with the elders, with the patients not me I. I did the talking but that's all, you know." And they were really surprised but I said "honour them, honour them all," I said, "all of them".

Elder Two: Just to finish off like all we've… just because of this elder happening it wasn't only him so we did the statistic in all the communities to find out how many old people that was involved, at that time I was managing all the health and social programs for twenty-seven communities.

Researcher: You were.

Elder Two: I was. And so when this word came to us, that same day, when this happened for one of the communities, where he came off it, so right away we did the statistic that all the workers in the community went from house to house and talked to all the people and see how many people have gone through the same thing as this elder. Boy was there ever lots.

Elder Three: Yeah, yeah, yeah.

Elder Two: So what we did at that time then, sat down with my workers in the communities, brought them all in, so I said "ok what did everybody do?" Wanted to know for my people what they would like to see from my workers. So we sat down for about a week and did this proposal for home, not home care it's, oh what do you call it, forgot what you call it, boarding home.

Researcher: Right.

Elder Two: So we put up a proposal together for two boarding homes one in to Yellowknife and for the ones who are coming in Yellowknife another one was up in Inuvik region for the ones who are going to go to Inuvik or what they call (mumbling) in the four-plex type of house. And then so we got another big huge one in Edmonton, for boarding home for the people coming in from the north. So work with the Inuit people too, and we put this big huge proposal together and it cost millions of dollars. We got them. So we built the boarding home in Yellowknife, renovated the one that's up in Inuvik and built a new one in Edmonton. And there we built, two, we had to have people that have to meet all the patients at the airport. Every patient that comes, they have everybody in the community have to contact these people, so that about a week or so, but they were the patients coming up there. So they picked them up do there appointments at the hospital, whatever. Interpreters of all the languages, the Inuit language and everything have to be at the boarding home so there's translation going on from a hospital. So we hired the people in Edmonton that come from the north that spoke the language so they were given jobs. And we found out how many of our people were living in Edmonton. All the interpreters we have five languages plus the Inuit language there's six all together so we hired all those people to do all that. In Yellowknife, same thing, we hired all the language people in there up in Inuvik the people that come from the north all there languages are spoken there. So that everybody is looked after so that they never ever have cases like that ever again.

(Agreement from group)

Elder Two: To go through it, today he's still living.

Elder Three: My mom went through an experience too here. My sister phoned me she says, "our mom is going to Winnipeg." And we were living here at that time, me and Elder One. She says, "our mom is going to Winnipeg." I said "ok," I said "we'll go and wait for her." I said, "does she have an escort?" She said "yeah, yeah," she said, " Margie's coming." So we went and waited for them and so they came, and I said "Mom," I said, "where do you want to go and stay?" I said "do you want to come and stay with us or do you want to go to the receiving home?" And I said, I said to the escort "what about you?" I said. "Where she says wherever she wants to go I'll go." So she wanted to go and stay at the receiving home. I said "ok" so we went and dropped her off there and so we visited her for a while. And so the next morning Elder One dropped me off there, so me and Margie took her to the to the clinic. So we were waiting there and I told that nurse I said "I hope we don't have to wait too long because I said she's tired." And she says "oh no," she says "she's next." So we, we both went and me and Margie. I told my mom, I said "you have take your shirt out, just your shirt nothing open." I told that doctor I said "don't, I said I don't want her to take everything off" I said. I, I said, "she won't like that." So she was sitting there and then the doctor was getting us to ask her questions you know. So we'd ask her questions, I would tell the doctor. We would take turns me and Margie so one of the questions that she was asked was, she said ask her (Lots of laughing from the group) "when was the last time she had intercourse?" (Laughing) Margie said "you ask her, she's your Momma." (Laughing) And I said "you ask her, you're the escort." And I kept wondering how am I going to ask my Mom, this is such a delicate question and that's what I told that doctor. I said, "this is a very delicate question." I said, "we never ever ask our elders that question." "I said my Mom's been alone since 1965," I said, "that's when my father passed away." I said "and ever since," I said, "she's been alone, she's never been with a man." And this is a, I got the courage to ask I said "MOM."

Researcher: Yo Mom (Laughing)

Elder Three: And I asked her that question, and oh was she ever mad.

Elder Six: Of course.

Elder Three: She grabbed her says pulled her arm and just stalks outside and "how dare you," in Cree, eh, she says, "That's my business," she said.

Elder Six: Yeah it's true, they're really private.

Elder Three: So that was the end of her check up, so me and Margie just walked out the door we, we wanted to laugh. We wanted to but we wouldn't dare laugh, eh.

Elder Six: Not in front of her, no.

Elder Three: So, but anyway we went to my place 'cause I told them I'd cook some fish, so we were having our lunch because their flight left in the evening eh. We were having our lunch and Margie and I went and sat in the living room and we laughed. I was telling about them about my mom when that doctor asked her when was the last time she had intercourse and she was just mad. And I told that doctor "you never ever ask elders that question." I said, "even if you want to know," I said, "we don't ask them those questions."

Elder Seven: That's very private.

Elder Three: I said we, "we have a lot of respect for our elders." I said "even though," I said, "you people don't have respect for your elders but we do and that's our teaching." I said, "to have respect for our elders."

Elder Seven: They, it's funny 'cause when, like I went through nursing school and that's another thing, like we don't have assessment tools that are good for our people. They're bad tools. They're even bad for non- native people. These questions they ask, and one of the questions is it, because they believe when they teach you at the universities and stuff, that the sex life is part of the full life, which is true. It's true but they don't they ask the questions, that question- when was the last time you had intercourse? And you don't ask that, you have to learn to ask it another way.

(Agreement)

Elder Seven: That is out of respect and that's like what this, by asking the elders, like what is the best way to ask that question?

Elder Three: Yeah.

Elder Seven: That it doesn't offend other people.

Elder Three: Yeah.

Elder Seven: And it's, and now, like I found 'cause I asked and it's asked, I ask "do you have romance in your life?" "Is you have a man, and you have a good time together?" And that's how, and it doesn't seem so, so offensive. And then the other thing too is you don't have to.

Elder Three: Yeah and take my pantyhose off too. (Loud Laughter)

Researcher: With or without your pantyhose?

Elder One: This dietician that I was at. I was instructed to go and work and start putting me at a diet. And all these questions, like you talk about, how they put them. I was sitting there. Finally I was getting aggravated about these questions that she's asking and finally I just couldn't stand it anymore. "What do you normally eat she says?" I said, "the normal people eat." (Laughter) That was it. (Laughing)

Elder Six: That was good.

Elder Seven: Well yeah, I mean.

Researcher: Yeah.

Elder Two: Yeah, put them in place.

Elder Three: When I had my operation, I had a major operation eh, at three, four years ago. I just about died. But anyway, and I, I told that doctor, I said, "I don't want to be in here," I said. "I want to go out home," I said. I, and I was using this woman, she was next bed to me. I said "how come she gets to go home," I said, "and I got my operation first before now she gets to go." He says "Mrs. Green just remember you had a major operation." So the next day I really bugged him. I said, "I want to go home," I said, "I can do that at home," I said, "what, what, what the nurses do." I said, "I'm a nurse," I said, "I can teach my husband to do to change my bandage." So finally, finally he made, he said "ok, but you promise me you won't do anything." He says, "you don't wash dishes you don't sweep." And he looks at me and then he says, "you don't have sex," he told me. I told him "what in the fuck do you think you want?" And he looked at me. (Laughter)

Elder Seven: You wonder who they think, like to ask that because you know if you don't feel like, if you're sick you're not going to do it.

(Group: Yeah)

Researcher: Presumption that you would, when you don't feel like it anyway.

Elder Three: And, but this doctor, every morning he used to come and see me I used to tell him dirty jokes.

Elder Six: No wonder he asked you that.

Researcher: Yeah.

Elder Six: Never told you.

Elder Three: And the nurses would say, "you don't talk to doctors like that." "Why not they're just as human as me," I said, I told her. She says "but they're well respected." I said, "so am I," I said. (Laughter) Ah those nurses I used to just give them the hard time. She says, "no, they says no wonder you're giving us a hard time," she says, "you were a registered nurse she says, those are the worst patients." (Laughter) But then they said that, that doctor was surprised when I told him. I said, "who the hell do you think you are" I said, "if I want sex I'll get sex," I told him, "you know but I don't think so for a while I said, not for a few months," I said, "the way I feel."

Elder One: Now where are we at, at this time?

Elder Two: I guess, can I just write some a few things down.

Researcher: You may.

Elder Two: 'Cause I've been sitting here waiting. I think it's really important to look at it.

Elder One: Yeah.

Elder Two: Because if were going to work with the community people we're going to have to start looking at how, oops, how we're going to build that strategy. And we have to look at a strategy that's going to work for all the elders. My brother (Elder One), I don't do circles as perfect as you but I'll try. (Pause while Elder Two draws on the flip chart.)

Change anyway at any time and this is what you call wellness strategy, s-t-r-a- t, h- e, e-g, e-g-y. When we look at the communities we have to look and if we are developing something we have look at what do we need to develop. How we're going to do it. Number one thing that is so important to look at, is look at first (scribbling noises and pause) is personal development, what is need to be developed from each individual. Like my brother (Elder One) for instance, is the greatest spirit, mind, body, everything he look at him is good. And to me he'd be the greatest teacher of the elders for that because he is a motivator, he's educated he's everything he worked himself to be.

Researcher: It defines his wholeness.

Elder Two: The wholeness. So the next step will be, will be traditional healing. What is missing from all the basis of life? What is missing? So we look at what could just explain it more as I go along 'cause you can always add in things that all depend on how you do. And then after the traditional healing, then you look at the social impact of the, of how you are going to be raising, so we call it social health or however you want to call it when we look at what type of areas that need to be rehabilitated. So it means that it might be community healing, maybe a community centre, a healing centre of something, whatever is needed to develop this project. It could be economic development, giving more responsibility to the elders to do teachings, however you're going to do it. And from that you look at cultural development. Can call it anything, you can call it traditional knowledge development, whatever you want to call it, it's cultural development. It sometimes they call it maybe community development, all depends on how you see it. When you look at four. So you go from one extreme to another. How you're going to develop it? Where's it going to go? How you do it? I use this strategy a lot 'cause I change this anyway I change any that is needed, who is it, who is it for, how it's going to.

Researcher: So the, the, the four areas that need work can apply to the elders, they can apply to the families, they can apply to the community…?

Elder Two: They can apply to the nation.

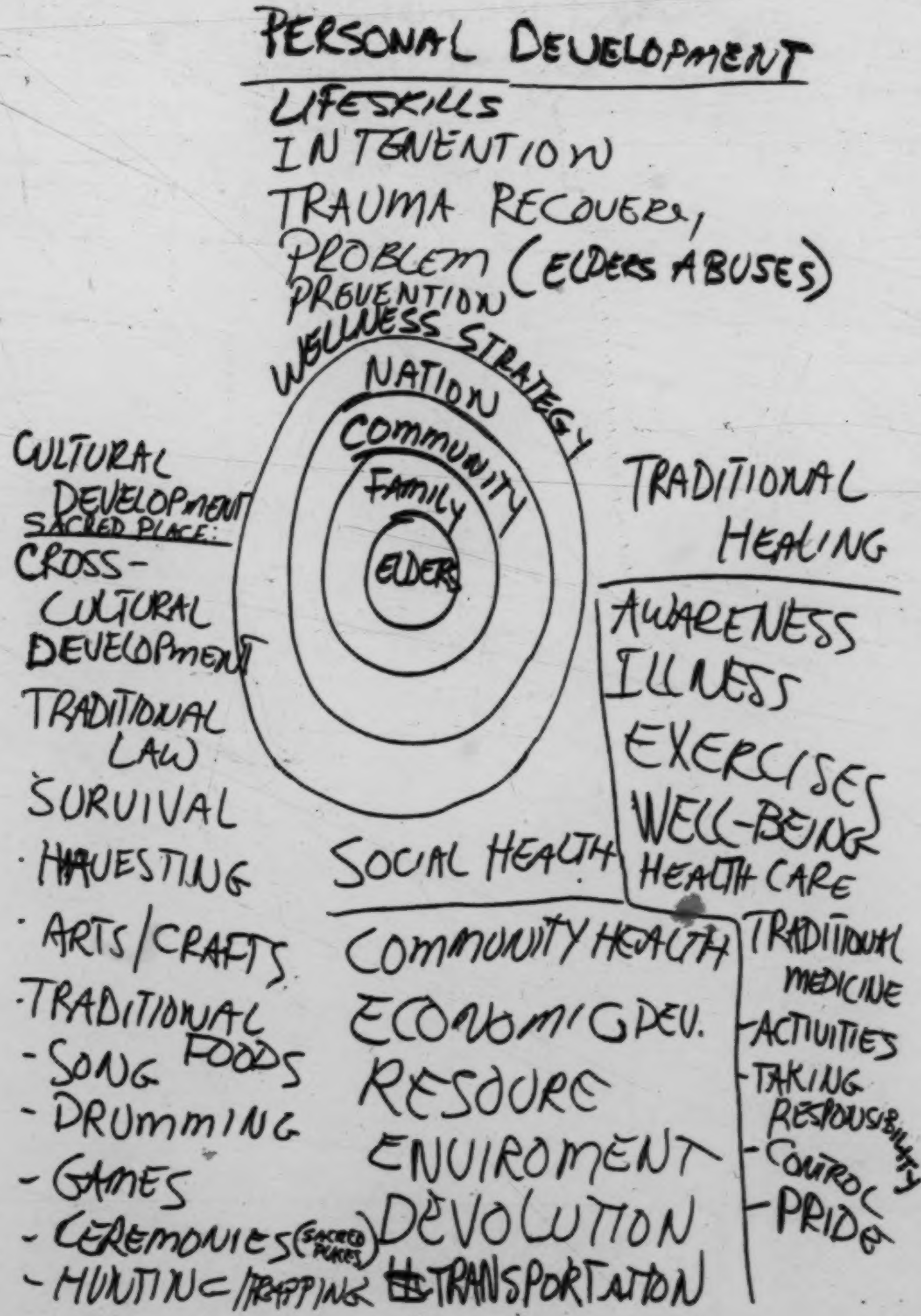
Researcher: The strategies?

Elder Two: The strategies, everything.

Researcher: Is the big picture?

Elder Two: So that's why you call it the wellness strategy is to develop all things that's needed within the whole, whole community structure. This here is for the elders, how do we develop the elders? And the best way that they can profit this life in the best way they can. That's what we look for. So when we look at this life we find it very sometimes so many obstacles. 'Cause our elders were born with a lot of obstacles, especially if we lived in urban city, not in the community setting or reserve setting. I know in a lot of our communities it's becoming very dysfunctional now. As long as we have elders not in place in the communities to do everything it's going to get off balance. It's like our elders

Figure 4. Wellness Strategy.


PERSONAL DEVELOPMENT
LIFESKILLS
INTERVENTION
TRAUMA RECOVERY,
PROBLEM (ELDERS ABUSES)
PREVENTION
WELLNESS STRATEGY
NATION
COMMUNITY
FAMILY
ELDERS
CULTURAL DEVELOPMENT
SACRED PLACE:
CROSS-CULTURAL DEVELOPMENT
TRADITIONAL LAW
SURVIVAL
· HARVESTING
· ARTS/CRAFTS
· TRADITIONAL FOODS
- SONG
- DRUMMING
- GAMES
- CEREMONIES (SACRED PLACES)
- HUNTING/TRAPPING
TRADITIONAL HEALING
AWARENESS
ILLNESS
EXERCISES
WELL-BEING
HEALTH CARE
TRADITIONAL MEDICINE
- ACTIVITIES
- TAKING RESPONSIBILITY
- CONTROL
- PRIDE
SOCIAL HEALTH
COMMUNITY HEALTH
ECONOMIC DEV.
RESOURCE
ENVIROMENT
DEVOLUTION
TRANSPORTATION

in their community took the community back and became responsible. They put themselves in every project in the community. They had the meeting together and say, well this person is not working well who can we get to take that person's place? They don't say, well you're fired, they just go and replace them with somebody else who can do the job. They start looking at those roles. Personal development I think is one of the most important thing because you have to look at life skills. What is the skills, to find out what skills you are in life.? You don't have to call it life skills, you can call it development, personal development, whatever you want to call it but that's to help them develop.

This in return you look at the rest of the family, this all goes family, the community, the nation, this all intersects with each other. One of the things is that once we develop people we have to intervene once in awhile to find out what is the best, what is the tools missing in that person yet. So a lot of times we got to do this intervention. I think I spelled that one wrong, "R", I think. An so when you intervene, because that person is still don't know how to look after their children, she's still yelling at them, why is she still yelling at them? So intervene and help her in that area, what are you angry about your son for? What did you son do to you in your lifetime? So all those things you have to start making family development.

Researcher: So even at the elder's level some of the life skills still may not be there?

Elder Two: Exactly.

Researcher: And they need an intervention to help them?

Elder Two: Exactly.

Researcher: Ok.

Elder Two: I have, I have many cases of elders come. I do counselling with them today.

Researcher: Oh, ok.

Elder Two: And so sometimes I have to intervene with the elders because they're not doing the right teaching. I heard one time an elder screaming at her daughter across the street so I went over there and I said, "what happened?" "What's going on?" "Why are you mad at her?" And she says, "my daughter's still not listening to me." I said, "how are you telling your daughter?" I said "when I hear you screaming like that you're not talking to your daughter in a normal way, you're screaming at her and you bring fear so she ran away," I said. "If you told her in a kindly, my daughter I love you but I really need you help me to do this, look at it in more kind gentle way but don't scare your children away." So sometimes we got to learn to do that. Many cases today because of the way we live there's a lot of trauma.

In our life today, is it u-m or m-a? When there's trauma we have to learn to recover it. So we have to learn that how we can recover that. This is just an example, you can change this anyway, but that's just some of the example of mine so. So when trauma comes into our life something happen. Maybe my, like my brother for instance, committed suicide by shooting his head off. That's a trauma for the whole family. We had such a devastating recovery we had to go through. We can't leave it for next year and for me to heal from it, I got to deal with it right now. Because it's such a big trauma, my brother shot himself. I don't ever want any of my children or my family to go through that ever again. So anytime we see something happening to one of my relatives we do intervention right away. To make sure they don't, somebody else don't do it. So we do a lot of work with intervention. So we look at trauma recovery, its got to happen right now. Otherwise you'll go through a very depression, depressioned life. Some people call it grieving, when you grieve it's harder to get out of it for a long time. If we never told our people when somebody dies, you have to help that person when somebody dies. In my culture they say that you never cry, you never cry for that person that leave that earth, cause its gone, they're gone into the spirit form now. But if you're going to cry they say, you cry for yourself, for missing something in that life with that person you're missing something. Then you can cry, for yourself, only for yourself. But never for that person that dies.

My mom told me never to cry. I never cry to this day when she died. My father told me the same thing I never cried for him for this day. Because they gave me everything in my life to be where I am today. So I had a gift from them, that to me, is a great, but trauma when somebody takes their life without the consent of the Creator, then that's a really big huge trauma. So you can call this all kinds of names, grieving, however. You're always have to work when there's problems come in your life. You got to work at it right away, you can't wait, can't wait 'till tomorrow whatever, otherwise when you build it too much and too big you're going to have sickness that come to you 'cause we don't solve our problems. When problem comes its gotta be fixed now. When we have an attitude problem in our life there's somewhere done in our young life, something happened to us we have this attitude problem.

This one little girl she's only nine years old just a few days ago before I come. She come and she have the most poorest attitude 'cause her mom didn't want, didn't want her, her dad didn't want her and she just did whatever she want. I told her one thing. I said "if you could do things different today, what is the thing that you would like to change or where would you like to be?" "I want to be in a mall." "So I could look at beautiful things." So I said, "if you don't have money for those beautiful things, do you ever get those beautiful things," and she said "oh yes sometimes." So I look at her and I said, "ok if you get these beautiful things how do you get them?" "If nobody ever gives you money for them." She sat there she looked at me. I wait for her, wait for her. I sat there for about an hour and a half waiting for her to answer me that question she wouldn't. Finally she sat there and she said "ok you're the only person I can trust to tell", she says, "I steal them because no one is giving me money so I steal them." So that's why she has such poor attitude, because nobody wants her. She live her life the way she prove herself just the way she wanted, nobody could ever tell her any difference. So I told her the life of the spirit world. I said "when I had that journey in the spirit world," I said "it's very different." "And everything that you do wrong in this lifetime today and everyday to come from tomorrow," I said. "You have already a book of yourself from the time you were born to where you are today," I said "everything is written, everything from the second the minute of that day is written about you." "You never know when the Creator is going to take you. He'll take you at any time. But if you cross the street today and a car hits you," I said, "how are you going to explain those things that you've done wrong to the Creator if you never learn to forgive yourself for making those mistakes? How are you going to?" So she start crying she said I didn't realise that I've made that much mistake. She says, "I know what I've done in my past" so one of the things I said is the greatest gift from the Creator is that word forgiveness. "You go back and talk to her to all those people you hurt and ask for forgiveness, go back." I said "you'll never get sick in your life if you start working the truth life." "Walk that good rope." So she changed. That little girl come into my room with such bad attitude went out just like an angel, she knew what she has to do to straighten out all the mess she created. I said, "you've got to go back to the stores, return the things that you took." She says "well how can I do that, I don't feel strong enough to do that, I know they're going to punish me." "Well I said you've got to go though that punishment."

Group: Agreement.

Elder Six: Pay the consequences.

Elder Two: You have to pay for the mistakes you make. I said, "when you start doing that you're going to feel very proud." "I said that light of the spirit is going to shine so brightly on you, you'll never make that mistake again." I don't know what she's doing today but I know it has helped her to look at her life and that's what truthfulness, be truthful in everything you do. This is just few things, you can add a big list, it all depends on how you want to do this. You probably can see the picture now. When we look at traditional healing it's a lot has to do with traditional healing somewhere in this, you've got to start teaching people what could happen. All the good things you could implement to make those good things happen. We talk about our elders, one of the things I would love to do for our elders is that I'd love have a feast for them, every once a month. Like ask them "what is the most special day for you through the whole week?" Some say "the middle of Wednesday" whatever, so I say ok "whatever you chose is the day we're going to put from here on, it's going to be your day every week, or once a month is the day we're going to choose." "You can gather you don't have to dress up if you don't want, but if you want to dress up because this is your occasion, you can do whatever you want. Holy, who cares." Some of them come in with their traditional clothing, some of them come in with beautiful, beautiful clothes, they dress up right down to the tee because this is very big. Get all the women cooking in the community for whatever they want, you would develop what they want what kind of food you like to eat, everything is cooked for that day. But this is only their day, not the family, nobody else's, this is their own day. They can drum, they can sing, whatever they want.

Elder One: Story-tell.

Elder Two: Story-tell. They choose what they want. And ones in wheelchairs, disabled are brought in. Everybody celebrates. The community have a lot of respect for that day. If they want to talk about community development what they see is not right, then they'll be somebody there to write for them, so they can take that to Chief and counsel and develop something they see through. Whatever, it's their day. To me that's a great thing to, to look at. If there's illness, traditional healing. There's a lot of illness in our elders today because of chemically off balance. We look at what areas are needed how can we help them develop that sickness that they have, how we can take that sickness away, we look at all areas to be able to help.

We make sure that they have a lot of exercises whatever means of exercises is good way we appoint one of the children from the community to walk their grandmother around the ring. There's a ring, a road like a ring, so sometimes you see a grandchild, could be boy or girl walking their grandma around that ring. So that's their exercise. Some of them we say ok if you want to go visit them, you're disabled you call the CHR or the homemakers, they'll take you to where you want to go visit, so we give them option to go, transportation. But people don't get paid to do that we just do it. Because it is important for the elders to have that exercise, therapy, do anyway that they can help them to loosen up. Some of them have tension because they're in bed rest for a long time, we give them exercise we make them walk we make them do things. Fresh air for us is really important for our elders they need to have that fresh air, 'cause they were born with it through. The too often the nurses, doctors, tell them you got to stay in the house stay in the dead air. They can't heal, they can't heal that way, they got to go out. So it is important to do all those things for them.

Sometimes we have some of them can't afford a parka. We have to pool money and go from house to house with a hat like that, say our, our (*Cree- is it? or if it's*) our grandmother, we'll say "grandmother Mary Rose is, doesn't have a jacket for this winter and she can't afford it. All her money that comes in from the government is all used for electric bills whatever, so she doesn't have money to buy a coat," so we put out a hat. Five dollars, three dollars, fifty cents, whatever people can give, they give. And by the time we pool all that money in my hat, about five hundred dollars, we buy her something that's really beautiful, dress, pair of socks, bloomers, whatever she needs. So that's what is important to meet those needs of what the elders need.

We always tell them as a teacher of healing is that they have to be, be the best they can be 'cause some of them say they want to die, because what's the use of me living, my husband left me a long time, I want to be with him. We tell them "you have to be the best you can be so that you can teach me, you can teach my children, my grandchildren to come." "If you go who is going to teach them?" "How, how are they going to be the best?" "How are they are they going to learn from you if you just want to die and you give up in life?" "So you got to be the best you can be, teach us all the things, the tools that we never have, teach those tools to us." "When you teach us those tools we're going to pass it on to the next person to the next person, to the next person." Even if you tell one person that will keep on that story through our story telling and give it out back to the community.

So we look, you can add, you can do all the changes you want that just few things we worked on. When we look at social areas we look at community health. What does the community need to help these elders? One of the things that we are seeing that's lacking is that the family don't visit the elders no more. How do we motivate the families to go visit their own grandma, their own families? It could be their grandmother, grandfather, it could be their mom or dad. How do we motivate them to go? So one of the ways that we see is the talking circle is to talk to the family why their, their mother's feeling this way. The mother would tell me how she's feeling and give it back to the children or their grandchildren, so that they could be able to help do more of this gift. Another thing that we see is economic. A lot of the money that comes to the elders are being misused now. One of our sisters and brothers were talking about that yesterday, mismanagement of money. We need to teach our elders that they can take, I think it must be new one of them.

Elder Six: Yeah.

Elder Two: Of them anyway yeah must be new, is that manage the money so that they can have money for a long time to come, like your brother.

Elder Three: My son.

Elder Two: Your son looked after your mom's money.

Elder Three: Yeah.

Elder Two: That's something that's really important so that they could learn to get things that they want to buy for themselves. It's like my brother was saying yesterday, "I don't want to buy this big house because I can't take it with me." "I was born naked, I will leave naked." So that sort of thing you teach them that they can buy things that they need, they don't have to keep all the money, so we teach them that money management. It's ok to spend it.

Elder Six: Yeah, but you know Elder Two, a lot of older people feel they have to leave something for their kids so they're saving, not for themselves, for their children. You know, how do we change that mentality? The kids can take care of themselves.

Elder Two: Exactly.

Elder Six: You look after you right now. You travel, you buy yourselves the nice things.

Elder Two: Exactly, and you know something is that, I was born in the family where they never gave me money but they'll give me Mukluks, they'll give me stuff like that.

Elder Three: Yeah, yeah.

Elder Two: But never money. So when I, when my parents died they didn't have one penny, but that's good, that's ok. She left me scarves, she left me another pair of Mukluks she had all that in her little tripper trunk. And it was all, she wrote in Indian, in syllabics, all the names when we opened that tripper trunk everything was there but she already gave all her dresses, everything away to the, to the family. So that's, you know, something that's ok to, to, for them to go through that.

Resources, you got to find out, you got to find out what is needed for them to be able to carry on their life, what is needed, what type of resources are needed. One of the communities I just come from, they said, I was working on the elder, I was giving him therapy I had him on the table, so I was working on him, giving him massage, giving him all the therapy and they said, "gee we should have that, we should have an exercise place where we can go." And mine just started not far from the community, so they getting this big, millions of dollars coming into the community. They said "we're going to pool ourself into there and look for a centre get a centre so we can have the exercises, get the centre for the elders." "So that they can have meetings, they can visit, people want to have meeting with them they can go to the centre." So they are going to put a proposal together to do that and they are going to have exercise classes you know walking thing everything for them. I said "in a way that's not really good but in a way it's good, yes so it all depends on how you are going to do that." But resources, what is needed for the elders start looking at it.

Elder Three: What they do in the fall for that that care home is that, when there's, like the Cree nation gathering. I was given tobacco to go and help with the elders at the care home and whoever, whoever wanted to come to the Cree nation gathering. So I went, I went to the elders I gave them tobacco and I said, "well I need tobacco gifts. So I went and talked to them." And so I think there was about twelve of them that wanted to come, and this one elder was saying, she said, "you know," she said, "we never know what's happening in the community." So I, I told that nurse and she, she's a white nurse eh, "I told her that I was asked by the Chief and counsel to come here to ask the elders if they want to come to the Cree gathering." "She said who are you to come and take our elders out from here?" I said "ok fine," I left. And I went and told the Chief, what, what this nurse said. He said, "come with me," so I went with him. We went back to the care home and I don't know what, what he said to her he just told me said "get those elders ready," he said, "the van is going to be here." So we took the elders and this one, one, one elder said, she said, (*Cree-grandchild that's too bad*) she said "thank you." So we assigned young people to take care of those elders. I told those young people I said, "you take of the elders, whatever they need, get it." "Water, tea, coffee whatever, and we made arrangements with the restaurant too, to give them whatever." And two days we did that for these elders. And you know, and some of them said "we don't need wheelchairs, they just put us here." And one of the elders said "they, they, they tied me up to the wheelchair he says I don't need, I don't need to be tied up," he says.

Even in that community, even in my community, there is that behind the scene abuse you know. And I was telling, I was telling the Chief and Counsel, like I am very close to the Chief in counsel back home because I grew up with him, I grew up with the Chief. And my nephews and my cousins are Chief and Counsel. And I told him, "I said how many of our elders go through that behind the scene abuse?" "Even here", I said, "you, you people have to start investigating it." I said, "you say you hire the best but the best sometimes is not".

Researcher: Yeah

Elder Six: How, how, can you stop that? How can you protect these people? 'Cause that's what they need protection.

Elder Three: Yeah

Elder Six: Now I, I don't know but I know when my grandmother was living with my mother and father my mother used to be so annoyed with her and they I don't know what it was, but I guess you know they feel so maybe useless. Her job was the dishes and I could never understand why my mother used to be so upset with her, like what was it, maybe two women in the house I don't know but she used, and I used to be worried. I know my mother would never hurt my grandmother or anything but its not it's not the slapping or whatever, 'cause I think that the old people could probably take that, it's the, the mental abuse.

END OF TAPE 4

START OF TAPE 5, SIDE A

Elder Six: But when you have respect you can not ever treat them with unkindness.

Elder Three: Yeah.

Elder Six: So you know that's, that's, that's the big issue and one of the reasons why I would like to work in that area later on is, is hopefully I will be able to do it as a volunteer but if not I'd be looking for employment and I want to do it on my reserve. I want to be able to oversee that sort of thing and, and.

Elder Seven: Advocate for the elders.

Elder Six: Yeah exactly.

Elder Three: Yeah. One of the things too that I found in, in that care home is that I heard this elder asking for playing cards and one of the workers they said "well where's your money?" "Give me your money and I'll go and buy you cards." And I just had my mouth open, so my mom asked me to go to the store for to go her, my mom likes her snuff eh. All right she just likes her snuff. She told me to go and buy her some snuff. So I bought some playing cards at the same time and I told. So I went but the mall is not that too far from there eh, not even a five minute walk, so I went to the mall and I got snuff and I got playing cards and, and I, I walked by that elders room. I said " (*Cree-here's the things you wanted*) playing cards for you" (*oh that's good*) she grabbed me and kissed me "oh (*you saved my life*) you saved my life."

Elder Six: Well why don't they feel that they have a voice? I know some old people like to complain anyways.

Elder Three: Yeah.

Elder Six: And they're difficult. And they can be difficult, but the majority of them are not so why don't they feel that they can't voice. "Look I don't accept that kind of treatment from you." "You know you have no right to treat me that way."

Elder Three: Cause they don't.

Elder Six: You know or "I'm going to make a complaint against you, because you have no right to treat me that way." Maybe if they stood up for themselves a little more, or is it because they're so afraid of these people who are looking after them that they better not say anything or they're going to get it worse after.

(Agreement)

Elder Six: You know.

Elder Seven: And they won't take me where I need to go.

(Agreement from group)

Elder Seven: And they won't.

Elder Six: Give me what I need, they won't, they stop me from well, whatever, all the atrocities that you that you can't, you don't even want to think about.

Elder Three: Or sometimes they get threatened. If they say anything they they'll get kicked out. One of the things too that I, I seen at care home is that every time I went to visit my mom, right away they, they would be there, there would be somebody there. One of the workers who would hang around and hang around and hang around.

Elder Six: Oh 'cause they didn't want to, they didn't want them to speak

Elder Three: And then, and then I told her. One time I said, "can you please leave" I said. "I would like to spend some time with my mom alone," I said, " because I don't get to spend time with my mom, because I just come here maybe once a year or once every two years," I said. "And I like to spend some time with my with my mom, she would like to spend time with her granddaughters and her great-granddaughters." "I said can you please leave." She said "well you can't tell me to leave I work here."

Elder Six: She tried that same thing on you?

Elder Three: So I went to see the head nurse, she said, "well, well you have the right to tell her to leave, 'cause she's your mother." So I told my son about it, and he said who was she, I said I told, told him who she was and we made a complaint about that and now workers when, when somebody goes and visits they're right there they won't leave. But now they don't do that. And it's scary.

Elder Two: If I just could keep on because I just want to talk. This is the most important part out of all that. This is the cultural side. Environmentally we have to make sure our elders are environmentally safe, environmentally they should start taking ownership of what things that they need to see it to make it better for them. Some of the things that the elders are saying now is that when they go out in the bush to go get medicine right now, today they see lot of changes out in back. "How come our land is changing?" "How come our animals are not lots no more?" "How come when they go out trapping they got to go further?" They start seeing all these things from the time they were young to where they are now. So they ask the Chief and Counsel "how come these are happening?" Sometimes they hide lots of things like you said my sister, that they hide a lot of things from the elders. Elders don't know what's really going on. So this way they can start asking, for environmentally how come it's not safe for them anymore? They can start asking through your own healing circles or talking circles, however they want.

We should start giving the elders responsibility to take devolution's of all their own program. Run the program themselves. We shouldn't have to do it for them. If there's elders program in the community they should run everything. If they feel that they have to be in everything in the community let them. Don't stop them, let them take that responsibility. So that they can learn to have that pride they can learn to have all the gifts. Part of traditional healing is pride. How can we live without that pride? You got to start giving that back to them, to the elders. They can be proud of who they are. Like my brothers say, a lot of them can do things on their own yet, let them do those things on their own, it's very different than the urban setting.

Transportation, a lot of elders would drive for a certain length of time and then they stop. They'll have vehicles sitting outside their house they can't drive it, it just sit there. You can't start doing a lot of transportation for them by hiring people to take them places. I put that in there just to for the sake of putting that. Cultural development, woah that's the greatest one of all. Our people were born with culture they'll die with culture, it don't matter if in an urban setting or not, they will always have their cultures there. The sacred place on our land we know where they are, they know in the mountains, where to go right on top of the mountain where there's sacred waters. They know when we travel by the river there's the sacred places that you have to offer, they know these places, we got to start utilising elders to teach us where they are.

We have to start cultural development. The best person to do cross cultural development is our elders. Boy they're good teachers. They can teach our young people, they can teach our families, our community people, our nation. To have an understanding of what culture's all about. You've got to give them that responsibility to teach that. We chose the ones, we can choose four of them if we want then take them to teach that. Any people coming into, new people coming into our communities, there should be cross-cultural development before they start working in it. So you know what kind of people live there, you know how the elders are you know how the young people are, you know what everything is happening. Too often we get people coming into our community that are stuck, they don't go visit. They go to the Hudson's Bay Company people they go RCMP but they don't around with the people. You got to start making these people go out and visit, visit the community.

Traditional laws got to be implemented. Otherwise we're going to die as people if we don't have traditional law. Those laws are very, very strong. It's like my brother, today, he walks that traditional law. That's why he's so growing, he's so much, he's so big. Might be skinny but he's big. (Laughter) He's got any law you want to learn he's got it. Survival, elders are really good at teaching survival. When they take us out in the land they show us every trick on the land, how to cut wood too. There's a log there. They say you never take an axe and cut that log in the middle. They tell us you take that axe you cut it on one side first and then you cut on the other side and then you chop it in the centre. Why do they do that? Why the ones you cut off the side on the edge as you cut it up.

Elder Six: For kindling, ah.

Elder Two: They tell you how to hold on the axe you never go like this and hit, and you have to open your legs and hit. So that they don't cut yourself. You're out in the bush you got nobody there. They teach you how to use new tools, they teach you everything for survival. They're the best teacher. Even when you go in the boat they teach you how to go into the boat. When you do it in the wrong way you can cause death to lot of people who are in that boat. Tell you how you're not suppose to move in that boat, everything, they teach you. They're really great, great in harvesting. They know the medicines, they know their roots, they know their vegetables, they know everything on the land. They know where to get moose where to get caribou they can, they're great harvester. They teach us how to survive, to make dry weed to do all those things, you have to survive.

They say the elders prediction have only the year 2015, mother earth is going to shift herself. All of us if we don't look after ourselves now, find places where we have to go. The land, the mother earth is going to change herself. The end of the world. So we have less than nineteen years left in this world. As brothers and sisters, as animals as everything. So this is why our elders, we need to hear from them now, so that we learn to survive and learn our purpose. Our grandmothers and grandfathers tell us we got to start saving the seeds, start doing all those things now. Find a highest mountain, and go to it, we have to start looking now.

Arts and crafts, oh are they ever good at it. Got to learn to get them to teach us. And they do a lot of projects and languages in schools also, with elders. A lot of them don't get paid they do it because its their grandchildren there. So sometimes because the education department don't have the money to pay elders they just volunteer themselves. Traditional foods for them to heal we need to include those. For they continue on learning and understanding why the food products are so important. Songs and drumming are really important, we can't go with out it. Those, those are the ones that the elders teach us. They teach us Indian games, all the fun with games, fun, fun, pan gambling, all those things. It's games as a traditional people we have. I know in your country it's what you call that.

Elder Six: Lacrosse.

Elder Two: Lacrosse, we have all those traditional games. That's what we should be teaching our children. To do those games.

Elder Six: Even at funerals, we have special games at funerals.

Elder Two: Exactly.

Elder Six: To lighten the atmosphere.

(Agreement)

Elder Two: Even the drum dances, you know, and all these dances, they are our traditional dances, you just go (Whoop, Whoop noises) the more you yell and scream the harder the drum goes and longer it goes. Those things that we need to bring back are really important. The games, we need to bring them back, we became with them. Like when they're, they talk about arts and crafts, even to this day, I can, I save the caribou legs and I sew them all together and tan them just a little bit, and keep it. I put all my dry meat, dry fish everything in that. Lasts us forever. I still take, either the salmon, or else I take the trout and I skin it all out from the inside and pull it out and I break the tail and tip and take out all the meat and I scrape all the edge I take it all out. If I'm out in the land and I have meat and I shoot a moose meat. Then what I do is I cut up my moose meat shove it in there and I tie it up in the end and throw that that thing back in the water. My meat will never spoil. I could keep in that.

Elder Six: Fish skin.

Elder Three: Uh huh.

Elder Two: Fish skin, I could keep it in there for weeks and weeks and months in the water, never spoil, just like fresh. Still do that today. That's because, that's important, you don't have fridge long time ago, used to go look for, in the bush and willows, used to look for ice where there's, lots of willow cover, where no sun goes to. In summertime we look for that and we find it, there's ice underneath. Put all our meat, fish, everything inside there too. Those are the things that we need to learn to survive for when the world ends. We have only nineteen years left, we got to start learning those things because there's not going to be no electricity unless you're smart and you buy a generator, but where are you going to get gas? So you look at all that fish oil, all the oils from the meat, we save that because that is our candle that is our (coughing) if there is no wood, you got to look away. Ceremonies are really important. Ceremonies, we have to have ceremonies. We got to continue on our ceremonies for us people to become strong, our elders know that. We got to start utilising them, use them more.

Hunting and trapping they're the greatest. They know every trick about hunting and trapping. Then that big huge bull moose came couldn't even hear it, but we knew that it was close, we could feel that excitement but we didn't know where it was. A little ruffle, finally a little ruffle on that side shot it fell down there first, again, shot it. Seventy-two and a half inches, boy that's an old timer right there. And I hang, never hang my meat, but this time I had to, because it was too much. My brother says, "oh we'll just hang it." So we had to hang this, was so tough but once you hang it starts to soft. So we got to, we learn do all that, dried meat, everything. We stayed out in a camp making dried meat everything. So elders are useful in all those areas. So to me you can build, fix it, you could change it you can do all type things with the structure. But that's, I think it's important thing for elders if you can look at, when you're developing your project.

Elder One: Good.

Researcher: Now it's quarter to, which is... We're right on time. What more? Would you like to come back again this afternoon and finish or do you want to..., a few I know need to get to the hotel because check out time is noon.

Elder Two: Get all my stuff ready for tonight.

Researcher: What do you think?

Elder Six: Do you have anything more to add?

Elder Three: Well I wanted to do my presentation.

Researcher: Yeah.

Elder Three: It'll only take about fifteen minutes.

Researcher: Yep ok, good ok.

Elder Two: Lets end at the break.

Elder Six: They won't lock you out for 5 minutes.

Researcher: No.

(Elder Three goes to flip chart)

Elder Six: And then maybe we could do the other today, we could have the afternoon off.

Elder Seven: Yeah, like to do some things.

Elder Six: Maybe we could have the afternoon off.

Researcher: Yeah, good.

Elder Six: Could go and do some stuff like go to quarks and.

Elder Three: Plus we have to get word from Helen Albright.

Elder Six: Oh Helen, that's right that's right you guys gotta do that.

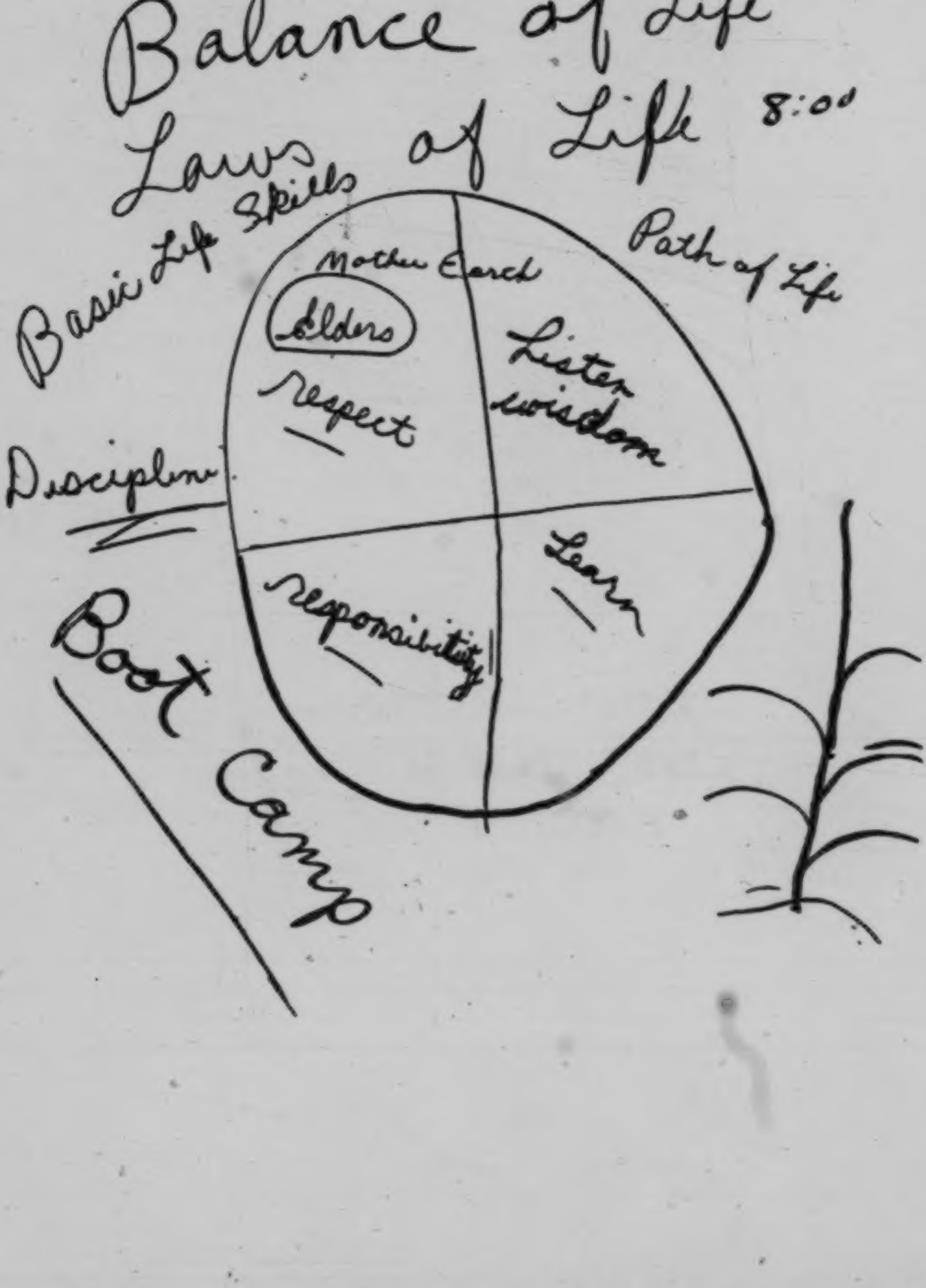
Elder Three: I was beginning to talk yesterday, I was beginning to talk about that violence of life. (draws on flip chart)

When I do this I do it in all kinds of colours, the violence of life. The law, those laws of life, and the basic life skills. One of the most important basic life skills that my grandmother used to tell me was to listen and to learn responsibility. And to respect. Those were the four, the four basic life skills that the elders have given me, and discipline. That was really tough on me, this. When my grandmother used to tell me "there's a time to listen and a time to play." She used to tell me "you sit down, now is the time to listen, there's always a time for everything." "When you were born, here, when you were born there, already that path, that path of life that the Creator, already that path is set for you." The kind of life that you're going to lead. But he gave us a freedom of choice. That's how much the Creator loves us so much that he gave us that freedom of choice, so it is up to you or up to me. That path that we have travelled, what path am I going to travel? And then he put, he put common responsi- (Laughter) bility. (Laughter)

Elder Six: He's (Elder One) so cute. (Laughter)

Elder Three: Thanks my dear (laughter) one of my little grandsons he said I used to babysit him a lot. I said "well, well go in my dear I said and I'll give you lunch and then you can take your nap." "He said I'm not your dear. "Shomi is your dear he said." (Laughter) But anyway already that path, already the Creator knows that path you're going to follow. And, and the elders talk about these obstacles that we need like alcohol, drugs, hate, bitterness, resentment, sexual abuse, physical abuse all those obstacles. But the Creator put some beautiful people on mother earth, we call them elders. Those elders that the Creator put on mother earth with their wisdom. With their wisdom when they say (*Cree-ok grandchild, the great spirit gave you this, that's good*) the Creator gave you ears close this [mouth] for a while, you close that you listen. Listen very carefully what, what, what we have to say to you because you might not hear this again in your lifetime. Listen very carefully. When you listen, you learn, when you learn you become responsible. When you become responsible you become respectful. You respect your elders, those are important.

Figure 5. The Balance of Life.


Balance of Life
Laws of Life
8:00
Basic Life Skills
Path of Life
Mother Earth
Elders
respect
Listen
wisdom
Discipline
Learn
responsibility
Boot Camp

Help the elders. When I go to a conference I look around. Oh there's an elder that needs help. I go. I, I ask her "where you from, do you need help?" Or I stand at the registration and if I, if I know an elder needs help. I asked these four young people one time, "I said come here, I want to tell you something, stand right here." "You watch if there's any elders that need help, you watch if they need help with their luggage, you help them." "And when you help an elder, you know when you go and help that elder, that elder will thank you." "He might not pay you money but he'll give you a lot." "And don't ask for money and that's what I always tell my kids." Discipline, I'm, I'm good at disciplining.

Elder One: Sergeant. (Laughter)

Elder Six: Think she was in the military, sergeant.

Elder One: They call you.

Elder Three: That's what they call you, my kids my grandchildren call me the sergeant.

Elder Six: Sergeant and captain, that's what elderly women should be called.

Elder Three: When we started looking after our grandson, he was about six years old, he's eighteen now. His mom and his dad brought him to us. His mom said "can you look after my son? I can't handle him, he doesn't want to listen to me he swears at me, he hits me." I said "ok, I'll look after him providing no interference from you, from the aunties, from the uncles or outside." "I'll discipline him the way that I think is best for him." So that's what happened, and we talked about this me and my husband. I said, "you're going to have to support me 'cause our grandson here is going to play between us." "If I say no he's going to go and ask you, and if you say no he's going to come and ask me." I said "you're going to have to support me," and we agreed to that. And so we started talking to our grandson, we started teaching him, we started disciplining. One of the things, the curfew, the curfew, at first it was only eight o'clock for him, because he was only six eh. So we had a hard time with that. (Laughter) And eating at the table instead of watching TV. The TV. doesn't come on if it's a nice day outside. It's a beautiful day you go and play outside unless it's raining or there's a blizzard. Boy he had a hard time with those. How long did it take him to adjust?

Elder One: About a month and a half, two months.

Elder Three: Yeah it took him a month and a half, to two months to adjust to that discipline, to that structure in his life. He had to go to school everyday unless he was sick. He had to. I said one, "one of your priorities as soon as you walk in through that door, your homework, if you have any homework you do it." And as he got a little older we started looking after my grandson. Tyler, he was six years old too, so we changed his curfew. The oldest one, Dexter, we, nine o'clock was his curfew, but at, already at that time he was already used to that structure eh. He was used to that. I think he was, he was ten or eleven years he decided not to come home.

Elder Six: Oh.

Elder Three: Ten o'clock was his curfew at that time, he decided not to come home. So ten o'clock, no Dexter, eleven o'clock no Dexter, twelve o'clock I went looking for him. And I called him, his friends wanted to hide him. I said "ok Dexter," I said, "somebody else will come and pick you up but they're not going to bring you home, they're going to take you someplace." "They're going to take you to the youth centre." "And I'll deal with you over there." He comes running. So we go home, I said go to bed, I said "I'll deal with you in the morning." So I, I talked to him the next morning. I said, "you know Dexter," I said "you're grounded." I said, "you're grounded." He said, "but there's a dance tonight." I said, "you should of thought of that last night." So what he did during the day he didn't go to school, he went home. He went to his mom and dad's. So his mom phoned me and he said "oh you're too mean to Dexter. You're too hard on Dexter." So I told Elder One, I said, "invite Pat and Lorraine to come over for supper," I said, "we'll have supper, and Dexter." I said. So I made a rabbit pie. I cooked a cooked upper, you know, I really went, cooked, I went all out. So I told Pat and Lorraine, I said "the reason why I want you here," I said, "you brought your son to me." "You brought your son to me to discipline because you can't handle him." "Now you're telling me that I'm mean to him." And I told Dexter, "I said tell me, you tell me, and you tell me the truth; when did I ever be mean to you, when did I ever hit you?" You tell me. He looked at me, I said " Dexter" I said, "if you're going to be moving home today," I said, "I want you to make the decision today." "Where are you going to live, here or at your moms?" "But if you move out of here you can't move in again." "And if you have problems with him, don't bring him here." I said "I didn't want any interference from you, from aunties." I said, "you make that decision right now, where are you going to live?" "And remember you can't move back in." He stayed. And from that time on he used to be just right on, he used to come. I can hear him running the stairs and he just open the door look at the clock, "ah I'm on time." (Laughter) Because I told him "even if you're one second late you're grounded." So disciplining my grandsons in a traditional way.

And before we had our supper I smudged our house so there'd be good feelings there. And I gave them tobacco so there be good feelings there. I'm disciplining my grandchildren, I'd discipline anybody. I don't care who it is, I don't care whose kid it is because I love my children, I love my grandchildren, I'm a mother of many children. I'm a grandmother of many children. Kids come and give me tobacco, "can you be my grandmother?" "Can you be my mother, my mother passed away, you remind me of my mom." That's the greatest gift a young person can give me, is adopting me. Adopting a grandmother. And that's what I was talking about in my community, at the Paskraw Cree Nation. Let's develop this program. To adopt a grandmother, you know, the kids that don't have grandmothers, the kids that don't have grandfathers, give them tobacco, give them cigarettes, snuff, cards, whatever the elders like in that group home, in that care home. And, and the kids would go and sit with the elders, the elders would tell them stories and they would laugh. And it made them really feel good. Now my granddaughters, my daughter Jessica she says "am I ever glad you're moving back home mom because my kids don't listen to me." My son, "mom" he says, "I'm glad you're moving home 'cause my daughters don't listen to me." People know me already. People bring their kids to me, "can you discipline my child?" My, my, my grandson is eighteen years old and he says "Meegwetch (*thank-you*) granny for giving me those teachings, these teachings here, how to listen how to learn, Meegwetch (*thank-you*) because I'm using those today." "I don't have problems in my boarding home because I have all." I told him, "it doesn't matter where you stay you're going to have to do your share too, wash dishes, you don't have to be asked just go right ahead." And he says "Meegwetch granny." "I thank you."

So disciplining, I had to discipline myself, I had to discipline myself in order to relearn all these. So this is, elders are very good at disciplining in that kind way. Oh I just love Auntie Mary. Oh she just disciplines me in the most kindest way. But sometimes she have to use her harsh voice in order for me to hear. One of the things that I used to forget was my skirt when I used to go to her place, and she said "(*Cree- empty that water there*) She says you tied the little water girl." I said auntie "I don't have a skirt." "She says you should know better, you're a teacher." "Make your skirt one of your sacred items, always have a skirt with you." "Always be ready," she sometimes, she used, she has to use her harsh voice. Not too many times, but you can tell, you can just feel her spirit of kindness and love that she gave. Her too, she gets abused by other women. We went to see her we went and did a ceremony for her one time and she said. She says the women are really abusing me." I try and I try to stop the abuse, but what can we do? How are we going to stop the abuse?

Elder Two: I just want to interrupt, for I will pay for it and move my stuff over there.

Researcher: Will you come back?

Elder Two: I can come back, are you going to keep going for a few minutes then?

Elder Three: I'm, no I'm.

Elder One: We got to do the same thing too, you got to check out.

Elder Three: Yeah you have to check out so I'm, I'm just about finished, only got a few more minutes.

Researcher: Oh, ok, ok.

Elder Three: So this is the little bit that I'm giving you that I know, I only know about that much. But the elders that I encounter in my life they know lots. One of the things too that they told me that spirituality and sexuality go hand in hand. I had to go through four years of purification without sex, and I thought, oh my God and I can't live without sex but I did, the elders said your tobacco, go and offer it. I went through my purification, I went through my cleansing, I didn't have a man for four years. You know the day I started, October, October twenty-first I started. Four years later October the twenty-third he came into my life. And that Elder used to tell me "there's going to be a man that's come into your life and he's going to love you, that's going to take care of you." "There's not too many women are required to do this, but you're one of them." So I went through four years of that. He says, "and if you break that four years that's it." "You lose you gift." And I went through that four years of purification. Not having a man in my life and that that was beautiful. I finished I think it was my third year that that Elder passed away said "remember my girl, remember one thing, you're a beautiful girl." I had to let all those things go, all the negative hurts, all, all the ugliness that I collected in my lifetime, all that garbage I collected in my lifetime. And I didn't know, because he knew that I was preparing myself for him coming into my life, that I had to be pure. For him I had to come into my life and it's so beautiful now that my relationship is so beautiful because of these beautiful people, because of their wisdom, because of the learning and the listening and the patience.

Learning the patience, teaching me these beautiful things, the discipline how to discipline children, that's my gift. When I go and do workshops and when the kids don't listen they came and get me, they come and get me. "Can you talk to these kids, they're not listening?" "Can you talk to these young people, they're not listening?" I was asked even to discipline the Chief one time. That was last year in the big Chiefs' conference in, in Toronto. I was given tobacco and they said "can you talk to the Chiefs in a disciplinary area?" I didn't know what to say to these leaders. I told them, "I said there's house rules, all of us have to have house rules" I said, "but most of us don't like house rules." "We don't like policies so we have a house rules here, what do you say to your people when you go back home?" "Well I went to this meeting and this is what I did and you're not even here." "And I said most of you Chiefs, I said you probably have women in your rooms and while your wives are at home." You know those Chiefs after I talked to them they come and give me tobacco said "thank you." "Thank you for reminding us we have to be reminded." So that's my gift. Is to discipline in a traditional way. The Creator gave me that gift. The Creator gave me to look after foster kids that are not wanted. We, a lot of kids come through our home. You know what they call our home? (Laughter) As soon as our name is mentioned, "if you don't listen you're going to go to Elder One and Elder Three's to get straightened out."

(Laughter)

Elder One: They call it the boot camp.

(Laughter)

Researcher: So we'll break now and be done.

Elder Seven: Are you going to get all this typed up?

Researcher: I'm hoping so my dear. All of this transcribed that's my goal.

Elder Seven: Like maybe if I phone you I can maybe...

Researcher: Or give me your address or whatever and I'll pull it all together.

Elder Seven: Oh I thank you, 'cause there's.

Researcher: Yes, yes, yes, yes.

Elder Seven: I phoned my friend last night.

Elder Three: Oh we have to say a closing prayer.

Researcher: Yes.

Elder Seven: I was telling her about all this and I said, "they're drawing all these pictures." I said "I'd like to get them and bring them back 'cause they don't draw the pictures there," and I think about health with the younger people because the, they, the old people.

Elder One: I will just use this without having to wait.

Elder Three: Could just turn this off then.

Elder One: Leave it on. The last thing, the last thing that comes to mind is a program for elders helping elders. The co-ordinator's would be the elders, and supervision by elders. Some elders have no homes, elders are some alcoholics, elders that are neglect, elders that cannot communicate the language barrier, that gives you some idea about the elders how they should begin to help themselves.

END OF NARRATION
(Tape turned off for closing prayer)

APPENDIX B

CHRONOLOGY OF EVENTS, MEETINGS AND ACTIVITIES

Year	Date	Item
1996	September 30	- Conference call with ALCCOA inviting me to take the lead as coordinator for Aboriginal piece of Functional Independence project. Received go ahead to draft the proposal for an Elders Talking Circle.
	October 1 & 2	- Preparation of proposal for Talking Circle.
	3	- Proposal to Ottawa
	16	- Approval received to proceed with Elders Talking Circle.
	17+	- Preparation/planning starts: Leslie Larsen, Home Care, to arrange piggyback onto Home Care Conference. - Kumik Lodge – get list of possible Elders. - Call Elders. - Arrange travel and accommodation. - Prepare meeting materials.
	November 2-6	- Elders Talking Circle in Winnipeg.
	12	- Gifts, medicine bag and tobacco pouch received from Elders who attended Talking Circle.
	15-17	- First Nations Conference and Art Show – Edmonton (a networking opportunity)
	December 6	- Report on Talking Circle – to Ottawa.
	8	- Meeting with James Takuski, to connect after Talking Circle and to consider proposal for pilots.

	December 9-10	- Discussions with ALCCOA/Red Cross representative re: proposal for pilots.
	13	- Meeting with James Takuski – final discussions related to proposal for pilot projects.
		- Proposal for pilot projects to Ottawa.
	18	- Approval to proceed with pilot projects received.
	20	- Christmas break.
1997	January 6	- Conference call with ALCCOA/Red Cross representative re: update. - Arranged meeting with James Takuski re: getting started.
	7	- Meeting with James Takuski, initial timeline drawn-up.
	10	- First meeting with YTC Health Director and staff at hotel on west edge of Edmonton.
	11-14	- Sort out and prepare list re: Administrative details related to budgeting, preliminaries for training session to be offered, preparation of information sheets for Health Directors, Chiefs and Councils and community feasts.
	15	- First meeting with Health staff from YTC communities: Alexander, Alexis, Enoch, O'Chiese and Sunchild (at Enoch, 9:00 a.m. – 1:00 p.m.). - First meeting with Health Director from Paul Band and Program Coordinator (2:00 p.m.).
	16	- Second meeting with Program Coordinator, Paul Band.
	17	- Training information (time, date, location, program summary) faxed to each community.
	20	- Meeting at Alexander First Nation with rehabilitation staff.
	21	- Meeting at Sunchild and O'Chiese First Nations with Health Directors (west of Rocky Mountain House).

	January 23	- Suggestions for adaptation of evaluation tools to be submitted to ALCCOA. Communities decided no adaptation is needed. - General planning meeting with health staff from YTC communities – all day (at Enoch).
	25	- To Lions Northgate Seniors' Centre to make arrangement for training workshop facilities.
	27	- Second planning meeting at O'Chiese First Nation.
	28	- Second planning meeting at Alexander First Nation.
	29	- First planning meeting at Alexis First Nation.
	February 1	- Training Workshop, Lions Seniors' Centre – all day.
	5	- To Southern Alberta O/N for early morning meeting.
	6	- Stony Band Health Board meeting – all day.
	10	- General planning meeting with YTC communities (at Enoch).
	11	- Third trip to Sunchild/O'Chiese First Nations for meeting with Health Directors. - Alexis Feast (unable to attend).
	12	- Meeting with James Takuski to recap progress to date, discuss future directions and timelines. - Conference call with ALCCOA/Red Cross representative re: update.
	14	- Fax information sheet to Alexander First Nation as requested.
	18	- First activity day at Alexis.
	19	- Enoch First Nations Feast (11:00 a.m. – 2:00 p.m.). - Alexander's Elder Lodge meeting (3:00 p.m.).

	February 20	- Meeting at Paul Band with Program Coordinator.
	21	- Photographer from national funding office arrives.
	22	- Meeting at Paul Band with Program Coordinator.
	23	- ALCCOA Guardians and photographer to meet with Enoch health staff and tour community.
	24	- General planning meeting with YTC communities (at Enoch, 9:00 a.m. – 1:00 p.m.). - To Alexis community with photographer.
	25	- To Alexis to observe activity session and meet with Program Coordinator.
	26	- Enoch planning meeting with Elders.
	March 4	- Paul Band Feast (11:00 a.m. – 3:00 p.m.).
	6	- General planning meeting with YTC communities (at Enoch).
	7	- Meeting at Alexander First Nation with program coordinator.
	9	- Begin preparation of final report.
	13	- Final report draft faxed to ALCCOA/Red Cross representative. - Phone check with all communities.
	14	- Meeting at Paul Band First Nations with Program Coordinator, Health Director and Health Centre staff. - Meeting at Alexander cancelled – Alexander withdraws.
	17	- Work on budget statements. - Call all communities. - Meeting with James re: project report. - Meeting with health Director of YTC.

	March 18	- Planning meeting at Paul Band First Nation.
	19	- Sunchild Feast.
	20	- Planning meeting at Paul Band First Nation.
	21	- General planning meeting with YTC communities (at Enoch).
	25	- Out to Alexis for activity session (a.m.). - Out to Paul Band for activity session (p.m.).
	27	- Meeting with Paul Band Health staff.
	28-31	- Easter weekend.
	April 1	- Meeting with Paul Band Program Coordinator.
	2	- Breakfast meeting with Paul Band Program Coordinator and Health Director.
	3	- General planning meeting with YTC communities (at Enoch).
	4	- Work on report for publication.
	7	- Meeting at Sunchild/O'Chiese.
	8	- Meeting at Alexis Seniors' Lodge (a.m.). - Report update to Ottawa. - Meeting at Paul Band with Health Centre staff (p.m.).
	14	- Deadlines for submitting names for the AFLCA training workshop.
	17	- Paul Band closing feast (11:00 a.m. – 4:00 p.m.). - Dinner out with Paul Band Health Centre staff – Thank you.
	19-20	- AFLCA Fitness Leadership training workshop.

	May 5	-	Lunch with James Takuski – Thank you.
	6	-	Meeting with person interested in translating report into Cree.
	9	-	General meeting with YTC health staff – review of final report.
	14	-	Dinner with YTC Health Staff – Thank you.
	23	-	YTC closing feast (7:00 p.m. – midnight).

APPENDIX C

EVALUATION QUESTIONNAIRES
BY ANITA MYERS
UNIVERSITY OF WATERLOO

Type of Activity Program__________________ Instructor Name_______________

Days and duration (minutes) of each session ____________days/week __________minutes/session

Dates of program________________

(ID #___________________)

DATE COMPLETED: ___________

BACKGROUND QUESTIONNAIRE

In order to help us evaluate whether we are reaching people with various backgrounds and interests, we hope you will assist us by completing this questionnaire. This information will be kept strictly confidential and will only be used for research purposes. Results will be summarized across groups, no one individual will ever be identified. Please ask your instructor if you are unclear about any of the questions.

PART A. Tell us about yourself in general.

1. Are you... ____ male? or ___ female?

2. What is your age in years _____Years

3. What is the main reason you decided to sign up for this program?

____

4. Was there any particular person who helped you to get involved in this program? NO________

YES ______ Please identify generally _____________

PART B: Tell us about your health...

5. In **general**, how would you describe your **current, overall state of health**? (check one)

___ excellent ___ good ___ fair ___ poor

6. Would you describe yourself as:

___ never smoked ___ an occasional smoker

___ a current, regular smoker (who wants to quit? ___ yes ___ no)

___ a former smoker (date of quitting: ______________)

7. Would you describe yourself as:

____ underweight, ____ at about the right weight or

____ overweight (are you a frequent dieter? _____ yes _____ no)

8. **Do you have any of the following ...?**

	Yes	No
• high blood pressure?	___	___
• heart trouble?	___	___
• diabetes?	___	___
• osteoporosis?	___	___
• arthritis?	___	___
• chronic asthma, emphysema or bronchitis?	___	___
• back problems?	___	___
• foot problems?	___	___
• skin problems?	___	___
• allergies (including hay fever and sinus problems)?	___	___
• trouble hearing?	___	___
• trouble seeing	___	___
• other health problems?	___	___

(what are they? ____).

9 a. Are you currently on any **prescribed medications?** ___ No ___ Yes

b. If yes, **how many types** of prescription medications do you take on any single day?

I take __________ different types/day which works out to about

__________ pills total/day.

10. How many times have you visited a doctor or nurse in the past month?

__________ times

11. How many days have you spent in bed in the past month?
______ days

12. How many days have you spent in a hospital bed in the past month?

13a. How many times have you **fallen** in the past month? _____ times

b. Were you **injured** as a result of any of these falls? ___ no ___ yes

c. If yes, please describe your injuries:

____

14. To what extent is exercising an important part of your regular routine?
(circle number)

1	2	3	4	5
Not at all important		Moderately important		Extremely important

15. To what extent do people in your life **encourage** and **support** your efforts to be physically active? (please choose a number to rate each).

1 Not at all Supportive	2	3	4	5 Highly Supportive

a) Your family ___________ c) Your physician ____

b) Your friends ___________ d) Others ______

(please specify who ______________)

16. What are your **personal reasons** for coming to this program?

____

____

____

29. Finally, how did you **hear about** this program?

____

THANK YOU for completing this background questionnaire. The information provided will assist the instructors in tailoring the progam to the needs and interests of both yourself and your fellow participants. If you found any sections unclear, please bring this to the attention of your instructor.

YOUR VITALITY (ID #________________)

This section asks generally about how you are **currently feeling**. Look at the opposite ends of each statement. For instance, if you fall asleep when you want to, circle (1). On the other hand, if it usually takes you some time to fall asleep, circle a number from 2 to 5, depending on the extent to which you have difficulty getting to sleep. **Do the same for each statement (i.e. circle a number on the line that best describes you).**

a) Fall asleep quickly	1 2 3 4 5	Takes a long time to fall asleep
b) Sleep well	1 2 3 4 5	Sleep very poorly, restlessly
c) Feel rested	1 2 3 4 5	Tired or drowsy during the day
d) Excellent appetite 1	2 3 4 5	Rarely feel hungry
e) Rarely am constipated	1 2 3 4 5	Often constipated
f) Rarely have aches & pain	1 2 3 4 5	Often have aches & pain
g) Full of pep or energy	1 2 3 4 5	Easily played out
h) Rarely feel stiff & sore	1 2 3 4 5	Often feel stiff
i) Usually relaxed and calm	1 2 3 4 5	Often restless and fidgity
j) Usually cheerful	1 2 3 4 5	Often feel down in the dumps or blue

FUNCTIONAL FITNESS

(ID # ________________)

How **confident** are you in each of the **following situations** that you would **not become overly fatigued or tired** (meaning shortness of breath, lack of energy)?
Even if you do **not do** some of these activities, picture yourself doing them.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Not at all confident					Moderately confident				Completely confident	

a. If I wanted to, I could walk an hour around a shopping mall without having to stop and rest several times _____%

b. If I wanted to, I could climb up three flights of stairs in my own or a friend's apartment building without becoming very short of breath _____%

c. If I wanted to, I could do a major cleaning (e.g, bathrooms, washing floors, sweeping or vacuuming all floor/carpet areas) of my residence without becoming overly fatigued ______%

d. If I wanted to, I could walk 6 blocks (1/2 mile) at a brisk pace without getting out of breath _____%

e. If I wanted to, I could do yardwork or gardening for the afternoon without a major loss of energy (e.g., later requiring a nap) _____%

f. If I wanted to, I could carry out a green garbage bag (~20 pounds) without shortness of breath _____%

g. If I wanted to, I could go out dancing without getting very tired early in the evening _____%

h. If I wanted to, I could walk up a short hill in a park or street without pronounced shortness of breath _____%

i. If I wanted to, I could shop for all my weekly groceries without getting fatigued _______%

j. If I wanted to, I could still do other things (such as shopping or household chores) after exercising--that is I would still have enough energy ____%

The Activities-specific Balance Confidence (ABC) Scale*

Administration

The ABC can be self-administered or administered via personal or telephone interview. Larger typeset should be used for self-administration, while an enlarged version of the rating scale on an index card will facilitate in-person interviews. Regardless of method of administration, each respondent should be queried concerning their understanding of the instructions, and probed regarding difficulty answering any specific items.

Instructions to Participants

For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady by choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have any questions about answering any of the items, please ask the administrator.

Instructions for Scoring

The ABC is an 11 point scale and ratings should consist of whole numbers (0 to 100) for each item. Total the ratings (possible range = 0 to 1600) and divide by 16 to get each subject's ABC score. If a subject qualifies his/her response to items #2, #9, #11, #14, or #15 (different ratings for "up" vs "down" or "onto" vs "off"), solicit separate ratings and use the lowest confidence of the two (as this will limit the entire activity, for instance likelihood of using stairs).

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*Powell LE & Myers AM. The Activities-specific Balance Confidence (ABC) Scale. J Gerontol Med Sci 1995; 50 (1):M28-34.

The Activities-specific Balance Confidence (ABC) Scale*

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

0%	10	20	30	40	50	60	70	80	90	100%
No Confidence										Completely Confident

"How confident are you that you can maintain your balance and remain steady when you....

1. ... walk around the house? _____%
2. ... walk up or down stairs?_____%
3. ...bend over and pick up a slipper from the front of a closet floor? _____%
4. ...reach for a small can off a shelf at eye level? _____%
5. ...stand on your tip toes and reach for something above your head? _____%
6. ...stand on a chair and reach for something?_____%
7. ... sweep the floor?_____%
8. ... walk outside the house to a car parked in the driveway?_____%
9. ... get into or out of a car?_____%
10. ... walk across a parking lot to the mall?_____%
11. ... walk up or down a ramp?_____%
12. ... walk in a crowded mall where people rapidly walk past you?_____%
13. ... are bumped into by people as you walk through the mall?_____%
14. ... step onto or off of an escalator while holding onto a railing?_____%
15. ... step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing?_____%
16. ... walk outside on icy sidewalks?_____%

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*Powell LE & Myers AM. The Activities-specific Balance Confidence (ABC) Scale. Journal of Gerontology Med Sci 1995; 50(1):M28-34.

FALLS EFFICACY SCALE

1. "How confident are you that you can take a bath or shower without falling?"

1	2	3	4	5	6	7	8	9	10
Extreme Confidence									No confidence at all

2. ...reach into cabinets or closets...
3. ...prepare meals not requiring carrying heavy or hot objects...
4. ...walk around the house...
5. ...get in and out of bed...
6. ...answer the door or telephone
7. ...get in and out of a chair...
8. ...get dressed and undressed...
9. ...perform light housekeeping...
10. ...do simple shopping...

Multidimensional Health Locus of Control Scale

FORM A

Statement	Strongly Agree	Agree	Partially Agree	Partially Disagree	Disagree	Strongly Disagree
1. If I get sick, it is my own behavior which determines how soon I get well again.	6	5	4	3	2	1
2. No matter what I do, if I am going to get sick, I will get sick.	6	5	4	3	2	1
3. Having regular contact with my physician is the best way for me to avoid illness.	6	5	4	3	2	1
4. Most things that affect my health happen to me by accident.	6	5	4	3	2	1
5. Whenever I don't feel well, I should consult a medically trained professional.	6	5	4	3	2	1
6. I am in control of my health.	6	5	4	3	2	1
7. My family has a lot to do with my becoming sick or staying healthy.	6	5	4	3	2	1
8. When I get sick, I am to blame.	6	5	4	3	2	1
9. Luck plays a big part in determining how soon I will recover from an illness.	6	5	4	3	2	1

Statement	Strongly Agree	Agree	Partially Agree	Partially Disagree	Disagree	Strongly Disagree
10. Health professionals control my health.	6	5	4	3	2	1
11. My good health is largely a matter of good fortune.	6	5	4	3	2	1
12. The main thing which affects my health is what I myself do.	6	5	4	3	2	1
13. If I take good care of myself, I can avoid illness.	6	5	4	3	2	1
14. When I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.	6	5	4	3	2	1
15. No matter what I do, I'm likely to get sick.	6	5	4	3	2	1
16. If it's meant to be, I will stay healthy.	6	5	4	3	2	1
17. If I take the right actions, I can stay healthy.	6	5	4	3	2	1
18. Regarding my health, I can only do what my doctor tells me to do.	6	5	4	3	2	1

Internal Health Locus of Control (IHLC) = 1, 6, 8, 12, 13, 17. mean = 25.104; sd = 4.9
Powerful Others Locus of Control (PHLC) = 3, 5, 7, 10, 14, 18. mean = 19.991; sd = 5.2
Chance Health Locus of Control (CHLC) = 2, 4, 9, 11, 15, 16. mean = 15.574; sd = 5.7

Multidimensional Health Locus of Control Scale

FORM B

Statement	Strongly Agree	Agree	Partially Agree	Partially Disagree	Disagree	Strongly Disagree
1. If I get sick, I have the power to make myself well again.	6	5	4	3	2	1
2. Often I feel that no matter what I do, if I am going to get sick, I will get sick.	6	5	4	3	2	1
3. If I see an excellent doctor regularly, I am less likely to have health problems.	6	5	4	3	2	1
4. It seems that my health is greatly influenced by accidental happenings.	6	5	4	3	2	1
5. I can only maintain my health by consulting health professionals.	6	5	4	3	2	1
6. I am directly responsible for my health.	6	5	4	3	2	1
7. Other people play a big part in whether I stay healthy or become sick.	6	5	4	3	2	1
8. Whatever goes wrong with my health is my own fault.	6	5	4	3	2	1
9. When I am sick, I just have to let nature run its course.	6	5	4	3	2	1

Statement	Strongly Agree	Agree	Partially Agree	Partially Disagree	Disagree	Strongly Disagree
10. Health professionals keep me healthy.	6	5	4	3	2	1
11. When I stay healthy, I'm just plain lucky.	6	5	4	3	2	1
12. My physical well-being depends on how well I take care of myself.	6	5	4	3	2	1
13. When I feel ill, I know it is because I have not been taking good care of myself.	6	5	4	3	2	1
14. The type of care I receive from other people is what is responsible for how well I recover from an illness.	6	5	4	3	2	1
15. Even when I take care of myself, it's easy to get sick.	6	5	4	3	2	1
16. When I become ill, it's a matter of fate.	6	5	4	3	2	1
17. I can pretty much stay healthy by taking good care of myself.	6	5	4	3	2	1
18. Following doctor's orders to the letter is the best way for me to stay healthy.	6	5	4	3	2	1

Internal Health Locus of Control (IHLC) = 1, 6, 8, 12, 13, 17. mean = 25.304; sd = 4.9
Powerful Others Locus of Control (PHLC) = 3, 5, 7, 10, 14, 18. mean = 20.974; sd = 5.5
Chance Health Locus of Control (CHLC) = 2, 4, 9, 11, 15, 16. mean = 15.461; sd = 5.2